VR A15 (4) 15M 9/59

14084

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13976

	COUNTY OTO BOTH MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. STATE b. COUNTY
	C. CITY ON TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RURAL and give-nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	6. STREET ADDRESS ON A FARM? YES NO D
-	NAME OF DECEASED Type or print) BESSIE H. Middle	Adams 1. DEC. 6 Day Year DEATH DEC. 6 1960
5. 5	Ex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Jul-18 1891 6 9 yrs. B. AGE (In years lift UNDER 14 EAR IF UNDER 24 HRS. Months Doys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU: during most of working life, even if relired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	Addison E. Duffin	14. MOTHER'S MAIDEN NAME, CECELIA NOLLAN.
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service) 022-22-35	dire Johnson Sister Boards A
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Pulmanary AJENOCES LEMM 5 Mas ALENOCAS CINOMA Uteras NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES [] NO ET
L CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
MEDICA		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stota) ctory, street, office bldg., etc.)
	226. SIGNATURE	death accurred of 1.M. from the causes and an the date stated above. M.D. PHYS. DIRECTOR DIRECTOR PHYS. D. 12-6-6-8 IGNED 22d. ADDRESS 202 Markin have, Rockey HE Md.
230	BURIAL CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OF CHISOLM FUND	
24.	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS ROCKVILLE, I	DATEDEC 1 2 60 Cashing S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 TE OF DEATH

4085	CERTIFICA

12077

				Kag.	DIST. 140.	2006
o COUNTY Montgomery	MARYLAND	2, USUAL RESIDENCE (Who	re deceased lived.	If institutions Reside.	dence before tgome	odmission) : I' Y
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	_		d give neare	st lown)
1 DEMESTA	4 days		ilver Sp	ring		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Suburban Hosp		824 Philade	lphia Av	9.		ON A FARM?
3. NAME OF First DECEASED	Middle	lost	4. DATE OF	Month	Dσy	Yeor
(Type or print) Anthony	D	Alexander	DEATH	Dec	22	1960
S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AG			UNDER 24 HRS.
Male White WIDOWED	DIVORCED [3/2/1884		76 yrs. Months	Days 1	Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. Kinduring most of working life, even if retired)	IND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	or foreign country)	12. (CITIZEN OF	WHAT COUNTRY?
uning most of warking the, even it rectisal		Italy			U.S.A.	15 vrs
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		U-Dett.	17 419
II-l-		IImle	nown			
Ink own 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 117.	INFORMANT	HOWII	Address		
(Ves. no or unknown) (If yes, give wor or dates of service)	Jense Bacomiri (10.			1100.00		
- No		Son (B.R Alex	ander)			
18. CAUSE OF DEATH [Enter only one couse per line	for (a), (b), and (c).]				INTER	AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MYOCAL	RDIAL INFARCTT	ON		0.136	AND DEATH
DUE TO		THE THE PARTY OF T	110			
17201	्य स्थापत ४	TACCT PRACTO				
Conditions, if any, which (b)	Aniba	IOSCLEROSIS				
couse (o), stoting the under-						
lying couse lost.						
PART 11. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN P.	1.4	PERFORMED?
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I ar Port II af i	tem 16.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJ Haur o. m. White p. m. 19	URY OCCURRED 20e. Pl	ACE OF INJURY Home, form, ictory, street, office bldg., etc.)	20f. (City or low	rn)	(County)	(Slole)
p. m. 19 of work	ot work					
21. I certify that I attended the deceased	from JAN	1955 to	12/22	19 60hmt	Linst sow	the deceased
alive on 19						
dilve oii	, und that deal	accurred at	DDRESS (Street, ci		the date	DATE SIGNED
ACTUAL SIGNATURE SIGNATURE	eyou MD.		CONCIO (MICHE), LI			DAIL SIGNED
PHYSICIAN'S Dr. John M Wym	an	780I Norf	olk Ave	, Bethe	sda.	Md.
Pro- Burial, Cremation, 22b. Date Thereof REMOVAL (Specify) Burial 12-26-60	2c. NAME OF CEMETERY C			City, lown, or county		(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS					178
S. TUNERAL DIRECTOR'S SIGNATURE	AUURESS	- 0	BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
Maddle F. Word / Del	MI transt	Xa= (a // X DATE DE	2 8 '60	Chattan :	4 45	

TO HOSPILY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be read by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please regions appear. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

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the first on the	THE OF DEATH	CENTIFICA	78011
	Little Address		
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State of the second	Elwin Ter		ALCOHOLD SAFETY
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ofter death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA

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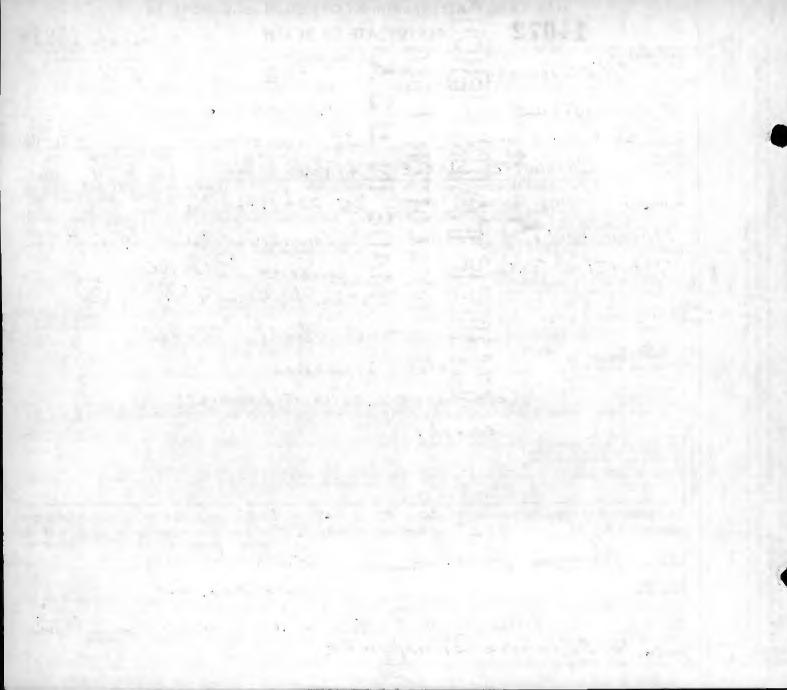
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14072

CERTIFICATE OF DEATH

Reg. Dist. No. 13978

1	a. COUNTY Montgon	nery MARYLAND	2. USUAL RESIDENCE (Where deceased in o. STATE	b. COUNTY	ore admission)
	b. CITY OR TOWN (If autside conforote li RWRAL and give nearest town) d. NAME OF HOSPITAL (1966) in haspital		c. CIDY OR TOWN TIF outside corporate AMAGENTAL OF CONTROL OF CON	limits, write RURAL and give ne	earest town)
2	Carral Santo		39 Franklin	St	ON A FARM? YES NO
		STE STEELE	ATKINS 4. DATE OF DEATH	12 1.	ay Year / 1960
	Fimale Polite	7. MARRIED NEVER MARRIED NUMBER MARRIED DIVORCED	Oct 239 1886	AGE (In years IF UNDER 1 YEA lost birthday) Months Days	R IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of war dusing most of working life, even if refin	k dane 106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or Foreign coun	Mod 12. CITIZENO	WHAT COUNTRY?
	nevett Ste	ele	anna B	rooke	
_	(Yes, no, or unknown) (If yes, give wer or doles of		yet Lew M. alkins	4.5 Adress (2)
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	(b) CEREBRAL (c) GENERALIZED	SCLEROSIS ARTERIOSCLEROS NOT RELATED TO THE TERMINAL DISEASE C	DISEASE	IERVAL BETWEEN SET AND DEATH 19. WAS AUTOPSY PERFORMED? YES TO NO ED
	PART II. OTHER SIGNIFICANT CO	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Port II		
	20c. TIME OF INJURY Month, Day, Hour a.m., p. m. 15	White Not while for	ACE OF INJURY (Hame, farm, 20f. (City or ctory, street, office bldg., etc.)	lawn) (County) (State)
	27. I certify that I attended the alive on 19-10-10-10-10-10-10-10-10-10-10-10-10-10-	,	occurred at 1 M, from the	e causes and an the dat it, city or town, stote)	
	PHYSICIAN'S NAME (Type)		Chery Choe	eched	
	220. BURIAL, CREMATION, 22b. DATE THER (REMOVAL (Spacify) 12-14	1-1960 name of CEMETERY O	R CREMATORY 22d. LOCATIO	N (City, town, or county)	(Stote)
7	33. FUNERAL DIRECTOR'S SIGNATURE GUY	Sono Comapo	lo Mal 240. REC'D BY REGISTRA DATE DEC 1 5 '60		



MARYLAND STATE DEPARTMENT OF HEALTH 1401 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12070

Continue S. Hearth

_												3 3 4	2.4
	ACE OF DEATH	MONTGOMERY		M	ARYLAND	2. USUAL RESIDENCE O. STATE MAI	CE (When	ne deceased	l lived. If instituti b. COUNTY		TGON		ion)
E	EURAL and give of TAKOMA PA	f outside corporate timi grest town)		c. LENGTH OF ST Since 11/				side corpoi	rate limits, write R ING	URAL one	give ne	arest lown)
WA	SPITING HOSPIT	SAN & HOSI	PITAL	address)		10,213 Mo		IVA Y	ENUE				PARMY,
	NAME OF DECEASED Type or print)	LEON		(NMI)	idle	AVERY Lost	4	4. DATE OF DEATH	DE C		15		Yeor 1960
S. S	MALE	6. COLOR OR RACE WHITE	7. MARI WIDOW		RRIED	MARCH 31,	188		9. AGE (In years 195 birthdoy) yrs.	Months Months		IF UNDE Hours	R 24 HRS Min.
Fo	dorning most of work	ON (Give kind of work king life, even if retired —City Repai	1 -				INGT	ON, I	ountry) OC		J.S.		OUNTRY?
	GEORGE AV					MAY MOR	LAN						
1S. (Yes		R IN U. S. ARMED FOR (If yes, give war or dates of s		NONE		MER W. AVE	RY,8	328 Q	UENTIN S		ARRO	LLTO	MD.
d	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CONCONTROL OF THE CAUSE (O)												
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (DUE TO	C	arcin	· vm	ia of	hl	add	ln.		5	M	mlh
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THI	ETERMIN	AL DISEASI	CONDITION GI	VEN IN PA	ART 1(0) 1	PERFO	AUTOPSY PRMED? NO K
	20%. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJUR	Y OCCURRE). (Enter noture of in	ury in Po	ort I or Port	III of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 Of work o												
	21. I certify that (I) (this haspital), attended the deceased fram. 11. 2. 19. L.D. to 1.2-1.5												
	Orthwo . What's M.D. ATTENDING MED. STAFF DIRECTOR □ PHYS. □ 12/15/66 22c. PHYSICIAN'S NAME (Type) Arthur J. Wilets, M.D. 1015 Spring St., Silver Spring, □									SIGNED			
230	. BURIAL, CREMATIC			23c. NAME OF C					ION (City, town,			(Stot	
24.	REMOVAL (Specify) BURTAL WHERAL DIRECTOR	DEC 19,19	960 INC	FORT LI	INCOLN	CEMETERY 250	o. REC'D	PRINC BY REGIST	E GEORGI	t's c	n	MD	=)
-	raym	ona U,	seak	SILVER	SPRIN	G,MD. DA	DEC 2	2-60	Cuth		La Constant		

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be delicthed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, arremayal, and in any event, within 72 hours ofter death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

after death. Page 4

TO HOSPIT VR A15 (4) 1SM 9/59

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certificate

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DIVISI RYLAND CERTIFICATE OF DEATH 14086 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE **K. COUNTY** MARYLAND MESSAGE RES Montgomery Virginia b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) (Rural Bethesda days Falls Church d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS m. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO NO S. Naval Hospital 901 Hillwood Ave NAME OF Middle DATE Lost Month Den Year DECEASED DEATH (Type or print) Helen BAKER December 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In veors lost birthday) Days Months Hours Female Caucasian WIDOWED TY DIVORCED | 63 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D. C. U.S.A Administrative U.S.Govt 14. MOTHER'S MAIDEN NAME FATHER'S NAME William CLARKSON Victoria LANHAM WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address No Jane B. Brant. same as 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Severe brain damage IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which Malignant brain tumor gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Nat while of work at work p. m. 5 19 60 that 10 (we) last 21. I certify that (& (this haspital) attended the deceased from Nov. 30. 19_60 ta 19.60, and that death accurred at 1:50AM, from the causes and an the date stated above. Dec. saw the deceased alive an___ 22a. MGNATURE 22b.DATE SIGNED ATTENDING MED. STAFF PHYS. PHYS. M.D -60 MHYSICIAN'S 22d. ADDRESS NAME (Type) Barclay W. SHEPARD, LT, MC, USN U. S. Naval Hospital, Bethesda, Md. 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) 12-6-60 Cremation Cedar Hills Crematory Switland LEUNERAL DISECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

DATE

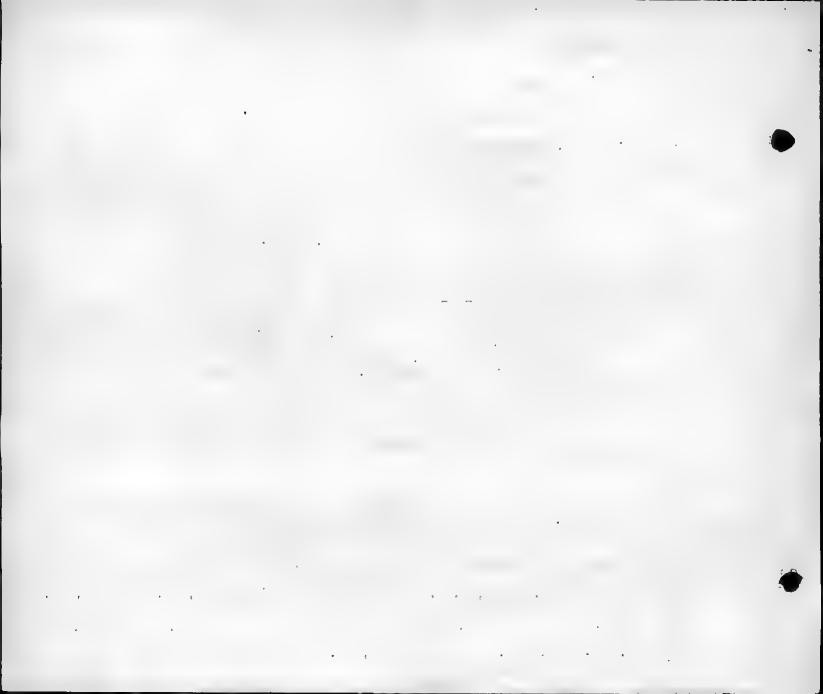
Tumphrey Funeral Home, Bethesda, Md.

0 VR A15 (4) 15M 9/59

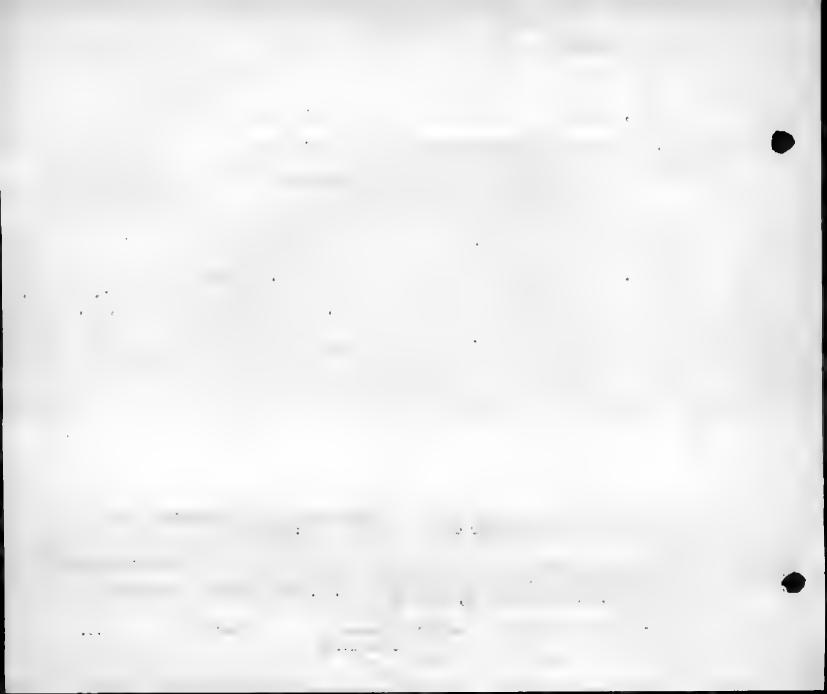
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		and and	, 1 and 2 (1 - 1	Dissult Volds	art A. Fre

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY o. STATE 6 COUNTY MARYLAND funeral b CITY OR TOWN (If outside corporate simils, write c LENGTH OF STAY IN 16 c CITY OR TOWN(If autside corporate limits, write RURAL and give nearest Jown) ě RURAL and give nearest tawn) ploods NEC à Som o d. NAME OF HOSPITAL (If not in haspital, give street address) S RESIDENCE he d. STREET ADDRESS OR INSTITUTION 50 EMPYESS YES NO CA Washington amilarium Di puo .9 NAME OF 4. DATE Month Dov Year filled DECEASED OF DEATH 20 (Type or print) 1960 death Combec IT UNDER 1 YEAR' IF UNDER 24 HRS 9 AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH S. SEX last birthday) Months Dovs WIDOWFD* 2 - DIVORCED papers Toa. USUA. OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? COL own home pup House wi pan 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician remove 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address event 47-05-3182 attending DO MM E please in any 18 INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause perdine for (a) (b) and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) the DUE TO þ mit. Conditions, if any, which signed is gave rise to immediate **DUE TO** cause (a), stating the under lying couse lost. **burial-transit** physician has been PART 18, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY emation, PERFORMED? YES NO ID attending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of Item 18.) certificate 20c TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) Day, Year (County) factory, street, office bldg., etc.) Haur a.m. While Nat while 10 at work at work to December 201960, that (I) (we) last 21 I certify that (1) (this hespital) attended the deceased fram (() 1954 and that death accurred all and M. from the causes and an the date stated above saw the deceased alive an nay be retained by the FUNERAL DIRECTOR: 22a. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF page 3 shauld be the State Board of DIRECTOR -M D 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Aaron H. Traum. M. D. Georgia Avenue, SilverSpring, Md. BUR AL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) FT. LINCOLN MAUSOLEUM 12/22/60 PRINCE GEO. COUNTY. MD. 9 ADDRESS 250. REC'D BY REGISTRAR SILVER SPRING, MD. -INC DEC 2 7 '60 VR A1S (4) 15M 9/5III

LAND STATE DEPARTMENT OF HEALTH



		DIVIS	ION OF	STATISTICAL RESE	ATE D	ND RECORDS —	BALTIM	IDEALI NORE 1, N	I M MARYLAND			
	- 1	4087		CERTII	FICA	TE OF DEA	HT			1 0	n C n	,
1 PLACE	E OF DEATH	teomery		MAR	YLAND	2. USUAL RESIDENCE o. STATE Penn		re decessed	lived If institution b COUNTY			fmission)
6 CIT		outs de corporate limi	its, write	c. LENGTH OF STAY	' IN 16				ote limits, write R	URAL and give	negrest	town)
Beth	GESCHOSPR	AL (If not in hospital, g	ive street	10 days		Mant d STREET ADDR				/ 🗫	e is	RESIDENCE
		Hospital.		esda Mary	and	132 South	n Mad	ln				S NO V
3 NAM DECE	E OF	Fi	st	Middle	1	Last		4 DATE OF	Mon	ith	Day	Year
{Туре	or print)	Davi	.d.	Ala	מ	Bashor	е	DEATH	Decembe	9r	3	19 60
5 SEX		6. COLOR OR RACE		RIED NEVER MARR		B DATE OF BIRTH			9 AGE (In years lost birthdoy)			UNDER 24 HRS
		N (Give kind of work				4-17-57	/Stote o	r foreign co	3 yrs	12 CITIZE	N OF WH	ATCOUNTRY?
duri	ng most of work	ing life, even if retired	1	lone	JK 1400	Maryle	and _			USA		
13. FATH	ER'S NAME					14. MOTHER'S MA	IDEN NA	AME				
_Ra]	Lph W. B	ashore R IN U.S. ARMED FOR				Marior	1_G.	Mc Ma	บบเร			
1S WAS (Yes, no. o	OFCEASED EVER	R IN U.S. ARMED FOR If yes, give wor or doles of s	CES? 16.	SOCIAL SECURITY NO). 17 IN	IFORMANT			Add	132	S. M	ain St.
-No-		No.		None	Re	lph W Bas	shore	(Fat	her) M	nheim,		
18.		TH [Enter only one co	use per li	ne for (a), (b), and (c)						•	NTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: "IMMEDIATE CAUSE (c	ı Co	ngenital h	annt	diganga						ce_hirth
	15	DUE TO		villatifiadre i	(0,021,0	GIBORGO						
Co	anditions, if or	ny, which)	a									
	gave rise to immediate DUE TO											
	ng couse lost.	ine <u>under-</u>	1									
CERTIF, CATION	PART II OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	E TERMIN	IAL DISEASE	CONDITION G	EN IN PART 1	PE	AS AUTOPSY REFORMED?
	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	OCCURRE	D. (Enter noture of inj	jury In Po	ert I or Park	11 of item (8)			
WEDICAL 20c	TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (Hometory, street, office bld	ie, form,	20f. (City	or town)	(Cou	nty)	(State)
WE	p m	19	While of wor	Not while		,,,	-Bit over)					
21	I certify tha	t 🛝 (this haspita	i) attend	led the deceased	from.	23 Movember	r. 196	Q_ , to3_	Decembe:	r_ 1960_	, that ((I) (We) last
SOV	v the deceas	ed alive on 3_I	ecem	per 160 , and		leath occurred						
	S GNATURE				-							
						ATTENDING PHYS] MEC	D. ECTOR 🔲	STAFF 3	Decemb	er l	226 DATE 960 SIGNED
22c	PHYS CIA U'S NAME (Tipe)	40	2// ETTT_	mell	Ø/	U. S. J	Kava	l Hos	pital, B	ethesda		
	RIAL, CREMAT O	N. 236 DATE THEREO		23c NAME OF CEA	AETERY O				ION (City, town,			(Stote)
	al-Ship		-60	Memori	al G	ardens		Cha	rleston		S.C.	
24 FUNI	FRAL D RECEOR'S	S SIGNATORE -	1	ADDRESS.			a REC'D	BY REGIST	RAR 255 REGI	STRAR'S S GN	ATURE	
1/6	.H.Kus	u sher	ein.	al Jones	7-01	DA	ATEDEC	6 '6	O Ca	Ilwa & A	LAULA	
		7										



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH 4 188 FilmG2 8 1-3-61 et Reg. Dist. No. 1 0 0 0 P
e .2	11.	COUNTY MARYLAND STATE DEL 6 COUNTY MORE ET
でる 学	, [-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest town)
E 8 5 T (-\)		and give spored town; B. orkerelle
\$ \$ € (*X	-	d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDEN E
600		Suburtan Hop 1205 E argue auz 185 NOTA
function of the control of the contr	3	NAME OF DECEASED A DATE Month Day Year
# e		(Type or print) To bett Lyen les 10 du Met 1) DEATH 12- 21 1960
2 2 4 4	# 5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 1951 9 AGE In years In UNDER 14EAR IF UNDER 24 HFS
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		male white wipowed pivorced 12-28-126 8 yr
ad Spend	10	o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY?
2. 4 - E		setime ma ma
2 2 2 2 E	13	3. FATHER'S NAME
	L	Robert Burner Katheleen South
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANY Address
= = = E(]		- Kathelius Smith Beuner (muthy)
9 8 8	1	18 CAUSE OF DEATH [Enter only one cause per the for (p), (b), and (c)]
lem, lem, olong		PART I DEATH WAS CAUSED BY: Interescent and action of Suchding
VOL.		XIAX DUETO A I A A I
		(Conditions, if ony, which) (b) C 20 be call (Conclet & 2000)
2 2 2 2		gove rise to immediate cause (a), stoling the underlying (DUE TO R)
10		cause tost. (c) It not steel to the steel to the steel to the
orio orio	18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?
of E	- 15	YES SO NO
	Į	20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)
SEE -	18	CAUSE OF DEATH. Keloch That he new across St. in Front / Rakerk
E Page	1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or toyn) (County) (State)
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1	3:12 p.m. 12-21 1960 of work of street Rockable mut mel
The state of the s	it.	21. I certify that I took charge of the remains described above, held on Autopsy (3), Inspection (1), Inquiry (1), and in my
	-	opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner
18 2 E 8		
THE REAL PROPERTY.		SIGNATURE TO BATTLES M.D. CHIEF MEDICAL EXAMINER
1 Di		ASSISTANT MEDICAL EXAMINER
		NAME (Type) FLANK J. BLOSCHENT DEPUTY MEDICAL EXAMINER D 2-22-6-0
is of the	2	20 BUR AL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) (Stote)
9 8 9 E		Removal(Specify) 10/4/10 Porklawn Rockville.Md.
	2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECISTRAR'S SIGNATURE
'5 A15ME БМ 2/57		The Mine of the Pooling of the Pooling of the Street of th
	100	



ON A FARM? YES NO ME

Year

19

PERFORMED? YES 🛣 NO 🗔

(Stote)

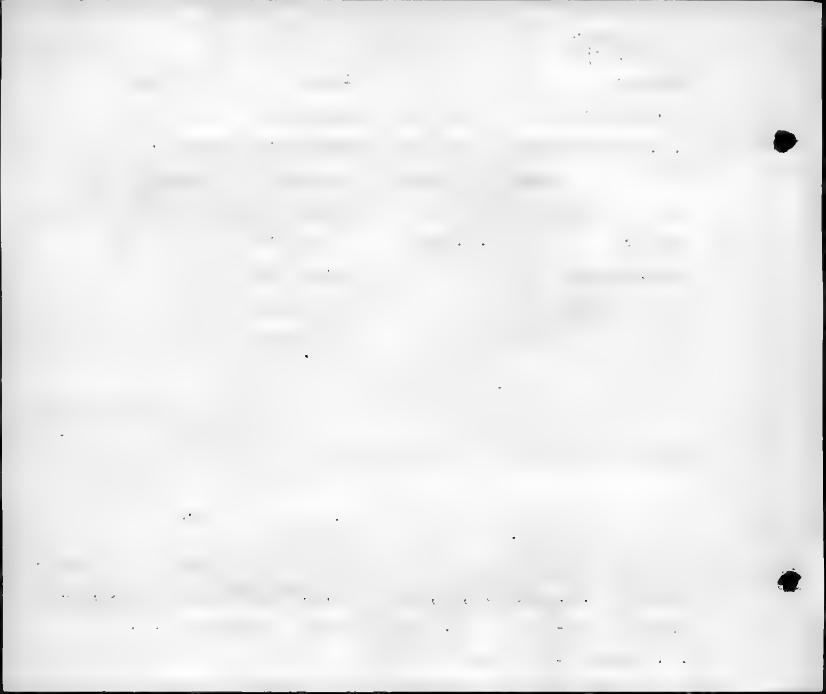
22b DATE -25-60

Hours

60

director ign Mar funeral ě P 2 sha. pug E. ď, る á gned d by the þ FUNERAL C 9

VR A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 14022 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY MARYLAND A nontgomery CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest tawa NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO R 4. DATE OF DEATH NAME OF Middle Month Yeor DECEASED death. (Type or print) 19 60)ocu 9 AGE (In years lost birthday) IF UNDER 1 YEAR F UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH MARRIED NEVER MARRIED Months DIVORCED WIDOWED [Yrs. 25 5 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF 8USINESS OR INDUSTRY BIRTHPLACE (Store or furgion country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TO HOUSE IAn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME U. S ARMED FORCES? 17. INFORMANI Address INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO REMATURIT Conditions if any, which (b) gave rise to immediate DUE TO cause (a), stating the underly ng cause lost. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation. PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (State) factory, street, office bldg. etc.) AEDI Haur o m While Not white ot work of work 21 I certify that (I) (this-hospital) attended the deceased from 12 19_(2) that (i) (we) lost 60, and that death occurred at 3.30 M, from the couses and on the date stated above sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF MD. 60 22c PHYSICIAN'S 22d ADDRESS NAME (Type! page 3 the State DATE THEREOF 23d LOCATION (City 230 BURIAL CREMATION 236 23c NAME OF CEMETERY OR CREMATORY or county) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** arthur S. Huma DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4)

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Burlai

Arlington National Cem. Arlington,

DATE DEC 2 9 '60

Bethesda, Md 250, REC'D BY REGISTRAR

e IS RESIDENCE

Day

U.S.A

(County)

25h REG STRAR'S SIGNATURE

26

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

22b. DATE SIGNED

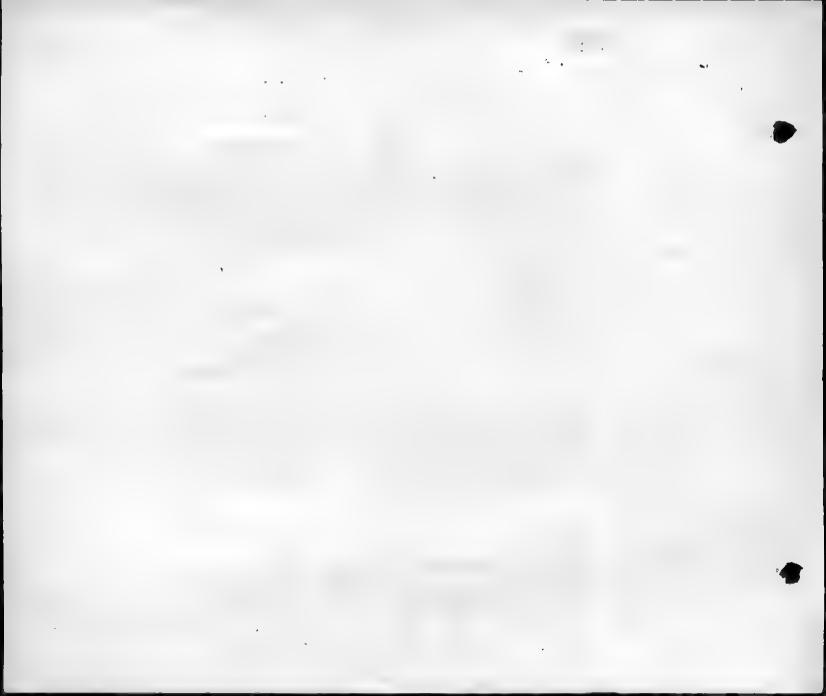
ON A FARM?

YES NO PO

Year

1960

may 0 VR A15 (4) 1SM 9/59



VR A15 (4)

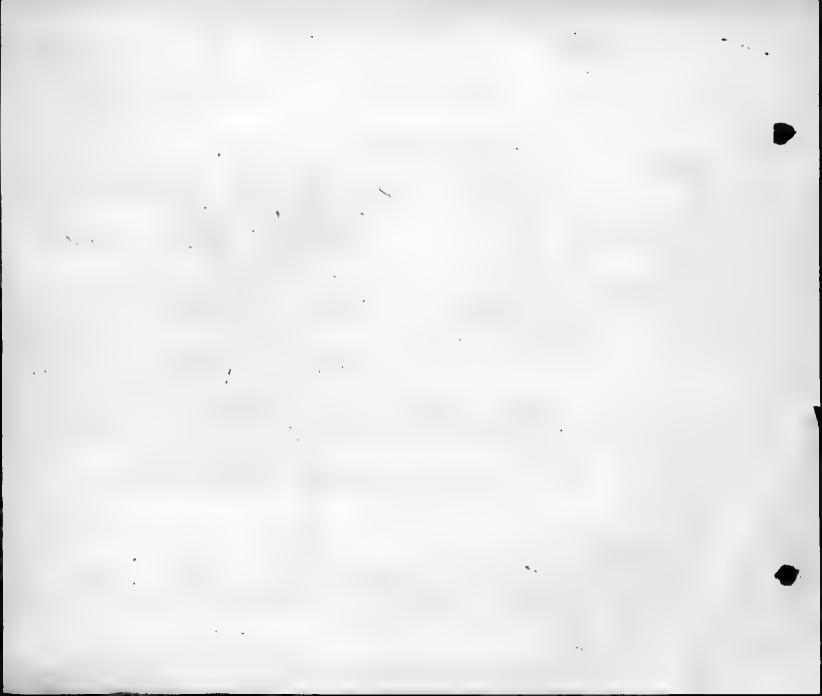
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

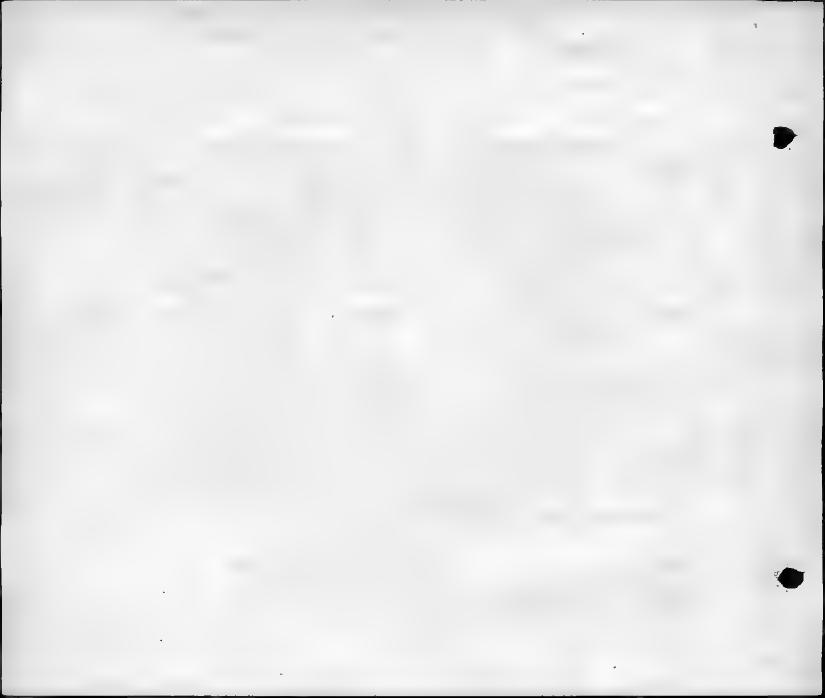
	14062 CERTIFICA	ATE OF DEATH
1.	PLACE OF DEATH O. COUNTY TONICOMEN MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Touck making
4	b CITY OR TOWN (If outside corporate limits, while C LENGTH OF STAY IN 16 RURAL and a venecrest town)	c CITY OR TOWN (If outside carporate limits, write RURAL and give Alearest town) Chevy Chase
	d. NAME OF HOSPITAL (If Act in haspital, give street address) OR INSTITUTION 6807 Conn, Ave,	d. STREET ADDRESS 6807 Conn. Avenue 6. IS RESIDENCE ON A FARM? YES NO DE
	NAME OF DECEASED (Type or print) Elizabeth Richardson	Bessey DEATH Dec. 5 1960
	SEX 6 COTOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	June 19, 1896 64 yrs Months Days Hours Min
	a. USJAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	Kentucky U.S.
	Frank Richardson	Gerniel Summers
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If year, give wor or dates of service) None	aughter - from Browning Betherde
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Gascullas clesease 3 mor.
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> DUE TO	
CATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NOON
IL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18)
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of work	PLACE OF INJURY (Hame, farm, '20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21 I certify that (I) (the hospital) attended the deceased from saw the deceased alive an 1/2002 25 1960, and that	death accurred and A.M. from the causes and an the date stated above
	220 SIGNATURE Marvin Wadler	M D ATTENDING MED STAFF 12/5/60 12/5/60 12/5/60
	22c PHYS CANS NAME (Type) MARVIN WADLER	8218 WISCONSIN AV, BETH, MY
١.	BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY REMOVAL (Specify) 12/7/60 Parklawn	Cemetery Rockville, Maryland
<u> </u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda, Me	aryland DATE DEC 6 160 Orthur & Kroug



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | f institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE **b.** COUNTY MARYLAND b CITY OR TOWN (If outside carporate limits, wry c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RERAL and give nedrest town) RURAh and give mearest flown) d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 17-NAME OF Middle DATE Year OF DEATH TELEPASSES. death. Pages (Type or print) 1960 S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE last birthday) Months DIVORCED [7] WIDOWED [cample papers 100. USUAL-OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BYTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USEWIFE puo 5 2 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 within physician Lolliko геттоуе WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any which gave rise to immediate DUE TO cause (a), stating the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO 📭 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part III of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work at work 19 6 that (1) tout lost 21 I certify that (I) (this hospital) attended the deceased from Alexander and that death occurred of ATTEND by the P DIRECTOR: / saw the deceased alive on 220 S GMATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF M D 22c PHYSICIAN'S 22d. ADDRESS FUNERAL n 230 BURIAL CREMATION, 236 DATE THEREOF 23c_NAME OF CEMETERY OR CREMATORY 23d LOCATION (City Town, or county) (Stote) REMOVAL (Specify) 0 256. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR/ VR A15 (4) arthur S. Kraus CODATE DEC 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH





PARKLAWN CEMETERY

SILVER SPRING, MD.

ADDRESS

MONTGOMERY COUNTY, MD

246 REGISTRAR'S SIGNATURE

Chillian & House

24g REC'D 8Y REGISTRAR

DATEN 4

12/3 1/60

23. FUNERAL DIRECTOR'S SIGNATURE

WARNER E. BUMBERREY

0

VS A1S (4)

1SM 9/S8



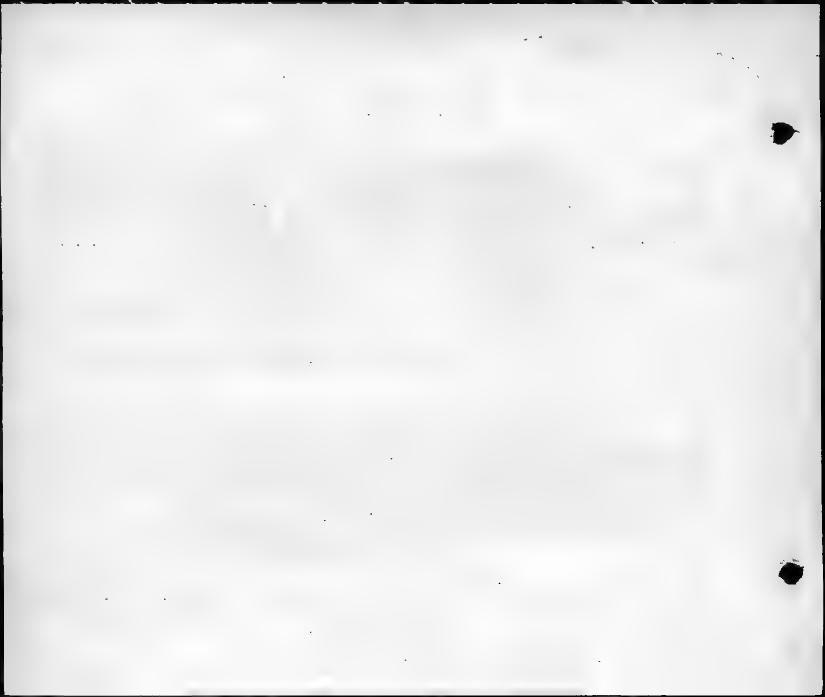
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MAR

	SIMILISHENE VESTAVOIL	MIND	KPCOKD3		DAL
093	CERTIFICA	ATE	OF D	E	ATI

- 2 O O O -	A .	
13997	Ĺ	

	14093 CERTIFICA	TE OF DEATH
	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
1	b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give negret fown) Betnesda 6 mos. 14 das	
L	d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Suburban Hospital	d street address 8500 Rosewood Drive 15 RESIDENCE ON A FARM? YES NO ID
	7777	Bradley 0. DATE Month Doy Year 12 12 1960
	Female White WIDOWED N DIVORCED	B DATE OF BIRTH Jan 5 9 AGE (In years FUNDER 14 ARS FUNDER 24 ARS Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hswi.	Maryland U.S.A.
1	13. FATHER'S NAME John Mc Donald	14. MOTHER'S MAIDEN NAME Mary Benton
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN (Yes. 10), or unknown) (If yes. 10) are wear or dates of service,	Daughter (Mrs. Katherine Bell (Same as above
	Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO YE
	20k TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLA 19 White Nat white fac 19 of work of wark	ACE OF INJURY (Home, farm, 20f (City ar town) (Caunty) (State) tary, street, affice bldg., etc.)
	21 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an $PecLV = 1960$, and that d	5-12-60. 19
	220 SIGNATURE 220 PHYSICIAN S	ATTENDING MED. STAFF 12/12/60 ATTENDING PHYS DIRECTOR PHYS 12/12/60
	NAME (Type) Wm. T. JOYCE 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF	8106 Maple Ridge Rd. Beth. Md. R CREMATORY 23d LOCATION (C by lown, or caunty) (Stote)
	BUTTAL 12/17/60 Rockville 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Rockville, Maryland 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey Bethesda, Ma	aryland PAREC 2 0 60 Control South



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14094 CERTIFICATE OF DEATH

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L											4.7	711	
1.	PLACE OF DEATH			MALTO	- 11	o. STATE		_	d lived. If institu		before adm	nission)	
\vdash	Montgomery						·- <u>J</u>	ryland Montgomery					
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				I distant and a				rate limits, write RURAL and give nearest town)				
Æ	Bethe			9 days		* *	hesd	a					
/	d. NAME OF HOSPI' OR INSTITUTION	TAL (If not in hospital, g	ive streel	oddress)		d. STREET AD	DRESS				e. IS F	RESIDENCE N A FARM?	
		Suburban	Ho	spital		4869	Ba	ttery	Lane		YES	□ NO 🚺	
3.	NAME OF DECEASED	Firs	if	Middle		Lesi		4. DATE OF	Mo	onth	Day	Year	
	(Type or print)	Thor	១ខ.ន	C hi	les	Brac	lley	DEATH	Dec		26	19 6	
5	SEX	6 COLOR OR RACE	7 MARI	RIED T NEVER MARRIED	☐ B. D	ATE OF BIRTH			9. AGE (In year lost birthday)		_		
	Male	White	WIDOWI	ED DIVORCED		Q.	/9/18	82	78 yr	11101111111 0010	ays Hou	rs Min.	
10	a. USUAL OCCUPATION	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR	INDUSTRY					12 CITIZEN OF WHAT COUNTRY?			
		king life, even if retired)		Lawyer		S	outh	Carol	ina	U.S	3. A		
13	FATHER'S NAME	rec		2011 7 0 2	1	4. MOTHER'S							
	ህ4 1	liam O. Bra	dlev				Lat	ıra Mo	ffatt				
15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFOI	RMANT	200	42 0 110		dress			
10	fes, no. or unknowe)	(If yes, give wor or dates of se	ervice}	None									
-	TIR CAUSE OF DE	ATH Contractive and con-		ge for (o) (b), and (c)]	Dau	thter (Mrs.	Donal	d_Deane		S.S.	Above BETWEEN	
		TH WAS CAUSED BY:	Ja par II	() () () () () () () ()	, B.	a. 1.	de .				ONSET AF	ND DEATH	
	1100	IMMEDIATE CAUSE (6)	/-	skalleral	14	wer.	opr	well	wrowe.		1 4	white	
	1 11	DUE TO											
	Conditions, if a												
	couse (a), stating												
	lying couse lost.	(c)											
CERTIFICATION	PART II OT	HER SIGNIFICANT CONI	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	F RELATED TO	THE TERMI	NALD SEAS	E CONDITION G	IVÊN IN PART II	(o) 19 WA	AS AUTOPSY REORMED?	
- ₹	tracti	ore of Ma	ut.	hip & BL	eur	blegr	el u	ru	ascher.	esca	YES	M 0N	
PTOF	20a ACCIDENT W.	AS UNDERLYING []	20b DES	CRIBE HOW INJURY OC	CURRED (E	nter noture of	injury in I	Port I or Por	t II of item IB)	4			
		MEDICAL EXAMINER)	ナメ	el while	wol	king	on	ray	priver	went			
MEDICAL	20c TIME OF INJUI	Y Month Day, Yes			Oe. PLACE	OF INJURY (H.	ome form	, 20f (City	y of lown)	(Cov	inly)	(Stote)	
E G	Hour one	12 17196	While of wor	k or work		ree T	ulug , etc	Box	thesela	- Ma	A	red	
	21 Leastifus the	at (I) (thus howedtat	dettend	ded the deceased f	D	cz. 17	100	60 10	Dec .26	106 9	that /I) (we) last	
							the contract of	-A	**********		,		
	220/SIGNATURE	the accepted and on the second first the second of the sec						TYI, II CIMI	me causes o	mo on the o		22b. DATE	
	L, / , , , , , , , , , , , , , , , , , ,						DE DI	ED RECTOR []	STAFF PHYS	12/	26/6	SIGNED	
	22c PHYSICIAN'S					M.D., ATTENDING MED DIRECTOR DIRECTOR 12/26/60 SIGNED							
	NAME (Type) Thom	as O'Con	ner			480	1/B	ATTE	RY LAM	E, BEI	THEST	DA.MO	
2:		IN, 236 DATE THEREO		23c NAME OF CEMET	ERY OR C				TION (City fown			Stote)	
	REMOVAL (Specify	12/28/		Parklaw	_		,		kville		- 4		
24	4. FUNERAL DIRECTOR			ADDRESS	00	-		D BY REGIS	1	GISTRAR'S SIGN			
,		A. Pumphr	ev	Bethesda,	Mar	trl and							
	WODELL .	ro. Tombers	- J	,		•	PAILE	C 2 9 16	W C	Cour & A	100/		

funeral director, alld by fifted with er death. Page'4 and 2 should by ITENDING EMYSICIAN: The law requires that the Leath certificate be executed within 24 haurs of may be retain the hospital ar attending physician.

TO BUNER LL DE ECTIVE. After this certificate has been signed by the attending physician and compleyel of the page 3 should be detached far use as the bur al-transit permit. Then please remays carbon papers, Poges 1 and 2 the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after doors. Dr. Brochart notofied TO HOSPITAL

VR A1E (4) 1SM 9/59

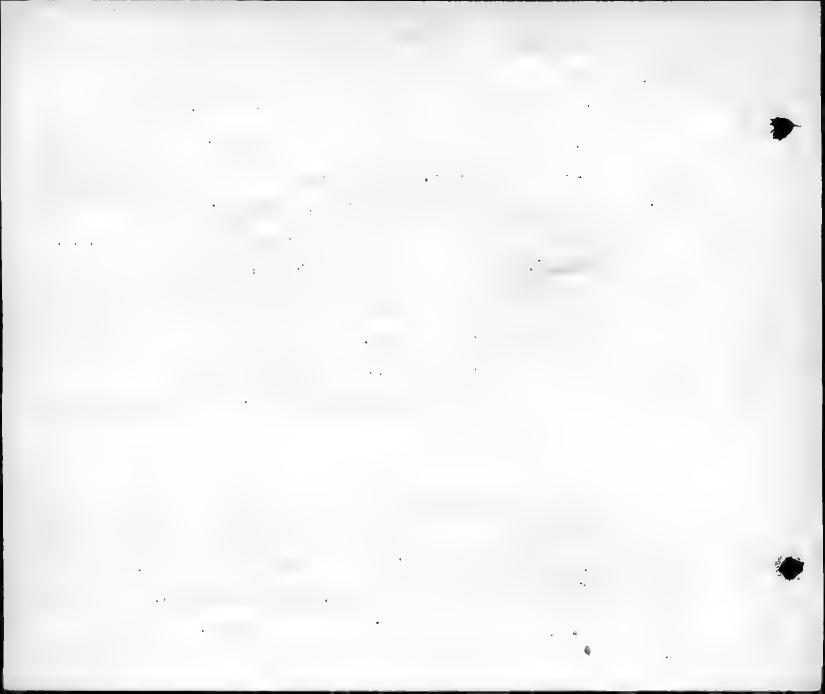


executed

certificate be

death o

PHYSICIAN: The low requires that the



Dist. No.

CITIZEN OF WHAT COUNTRY? U.S.A.

t I last saw the deceased n the date stated above. DATE SIGNED 12/9/60

(State)

14	090		CER	HILICA	AIE OF DI	БАІП		Reg	j. Dist. No.	7000
e of death DUNTY ON tgomes	7		MA	ARYLAND	2. USUAL RESIDE • STATE Penns	NCE (Where d	eceaned lived. b.	COLO CHI	_	
JRAL and give ne	autside carporote limi arest tawn)	its, write			_		carporate limi	s, write RURAL	ond give near	Presi fown)
AME OF HOSPITAR INSTITUTION TO CLINE	AL (If not in haspital, o	give street o	thesda U	. Md.			Avenue		ľ	ON A FARM? YES NO E
EASED	_				lon Briz		ATE OF DEATH	Month Decemb		Year 19 6 0
ale	6. COLOR OR RACE White					1, 195	last b			Hours Min
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I certify the	at I attended the	decease								
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TUAL NATURE SICIAN'S ME (Type)	Edward E. A	/orse	none		M.D. The C.	ADDR linical nal Ins	ESS (Street, city L Center	or lawn, state) of Hea	otkata	DATE SIG
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Some or print) Sethesda A STREET ADDRESS 538 Castner Avenue A STREET ADDRESS 538 Castner Avenue A DATE OF First White WIDOWED DIVORCED DIVORCED May 21, 1953 ONCECASED EVER IN U. S. ARMED FORCES? If you will not in religion of working life, even if religion of working life, even if religion of working life, and in medicine latences or will now ever rise to in medicine latences CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY. IN MEDIATE CAUSE (b) DUE TO anditions, if any, Which over rise to it in immedicine latences (c). DUE TO anditions, if any, Which over rise to it in medicine latences (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND ACCIDENT WAS UNDERLYING DEATH CAUSE (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND ACCIDENT WAS UNDERLYING DEATH CAUSE OF DEATH HOUR A. D. W. While DISEASE OF DEATH (Enter only manh, Day, Year 20d, INJURY OCCURRED (Enter noture of injury in Port I or Part II of the medicine work of while of work of works	MARYLAND IN TO TOWN If outside carperole limit, write let LENGTH OF STAY IN 1b State and give energet favor) State and give energet favor give street oddress; State and give energet favor give energet f	THE OF DEATH CONTY (If outside carporate limits, write and present lives) NARYLAND NARYLAND NARYLAND NARYLAND SAFE Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. COUNTY Washir Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. COUNTY Washir Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. COUNTY Washir Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. COUNTY Washir Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. COUNTY Washir Pennsylvania C CUITY OR TOWN (If outside carporate limits, write b. 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Bethesda, Maryland

may be reld by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shavid be detached for use as the burial-transit permit. VS A15 (4) 15M 9/55

the registrar prior to burial, cremation,

Robert A. Pumphrev

funeral director, uld be filed with

plant

Pages 1

permit. Then please remove carbon-gapers, in any event within 72 hours after death.

.5

and completely filled

death. Page

within 24 hours

requires that the death certificate be executed



1. PLACE OF DE o. COUNTY		MARYLAND	o. STATE	b. COUNT	on: Residence before admission)
h CITY OR T	MONTGOMERY WN (If outside corporate lim		MARYLAI		MONTGOMERY
RURAL and	give negrest town) ER SPRING	its, write c. LENGTH OF STAY IN 15	SILVER SPRI	Project Contract Cont	RURAL and give nearest fawn)
OR INSTIT	HOSPITAL (If not in haspital, of TION NURSING HOME	give street address)	d. STREET ADDRESS	DRIVE	e. ts residence ON A FARM? YES NO
3. NAME OF DECEASED	Fi	rst Middle	Lost	OF	oth Day Year EMBER 16 1960
(Type or print		BETTY	B DATE OF BIRTH	9. AGE (In years	
FEMALE	WHITE	7- MARRIED NEVER MARRIED	JUNE 18, 1870	O lost birthdoy) 90 yrs	Months David Marin Marin
during most HOUS	UPATION (Give kind of work of working life, even if retired WITEE	dane 106 KIND OF BUSINESS OR INC	RIGA, LA	or foreign country) PVIA	12 CITIZEN OF WHAT COUNTRY?
3 FATHER'S NA	ME		14. MOTHER'S MAIDEN N		
JACC	B WOFSX		RACHEL KAPI	LAN	
5, WAS DECEA:	FDEVER IN U.S. ARMED FOR		INFORMANT	Ade	dress
NO	(ii yes, give was as added as		RSISRAEL ROTE	KIN 11504 REC	MID DRIVE. SS,MD.
Condition gave rise cause (a), lying caus	OTHER SIGNIFICANT CON	OD CILLARD &	Extended to the TERMINATE OF THE TERMINATED TO T	NALD SEASE CONDITION G	PERIORMED?
(IF EITHER, I	NT WAS UNDERLYING UTING CAUSE OF DEATH COTIFY MEDICAL EXAMINER)				
20c TIME OF	INJURY Month, Doy, Ye a.m. p. m. 19	white Not white of work 1	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	(City or town)	(County) (State
21. I cert alive on_ ACTUAL SIGNATURE PHYSICIAN' NAME (Typ)	STEPHEN I.	deceased fram	th accurred at 2.3.45	/ /	nd an the date stated above
220. BURIAL, CR REMOVAL (BUR	MATION, 226 DATE THERECO	-60 MT WASHIN	GTON CEM.		1D - N.Y.
	ECTOR'S SIGNATURE	ADDRESS KYLSONS - 3501-1	4/6 Ch 1/4 0 DE	D BY REGISTRAR 246. REG	SISTRAR'S SIGNATURE

the ottending physician and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL

VS A15 (4) TSM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14000 CERTIFICATE OF DEATH 13998

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ector,		1. PLACE OF DEATH 2 US	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
dire dire	-	Maryland Do. County	istrict of Columbia
the second	. :)		CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d g p			ashington 16
0 0	'		STREET ADDRESS e 15 RESIDENCE
4 5 V	- ki.		000 Cathedral ON A FARM? YES NO
5 2 5		3 NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
es le		(Type or print) Frnest. William	BROWN December 23 1960
thir Pag dec			OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
is a set		Male Caucasian WIDOWED DIVORCED 1	-14-78 lost birthdoy) Months Doys Hours Min
utec per rs o		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11)	
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		during mast of working life, even if retired)	Compact out
Pon 27		Medical Officer U. S. Navy	Connecticut USA
P 6 8 5 /	T		
physici smave int, with		MILLIAM HARTIS BROWN MS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMA	Mary Cornelia DOWLEY Address
	~	(Yes, no. or unknown) (II yes, give wor or dates of service)	Aggress Aggress
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Yes 1903-1942 Hospi	tal Records
end leos ony		18. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]	INTERVAL BETWEEN
o tipe		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial in	*
a Para		T Q _ G DUE TO	
hod by 1			
S PE S		gove rise to immediate	art disease years
E E		cause (a), stoling the under-	
rec in s in s		lying couse last.) (c)	
ysic bee bee	ą.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
Hara de la serie		Fracture, left hip	YES 🗱 NO 🗀
AN: T ending icate he bu I, crem	4500	200 ACCIDENT WAS UNDERLY ING 200 DESCRIBE HOW INJURY OCCURRED (Enter OR CONTRIBUTING CAUSE OF DEATH 1 1 1 1 1 1 1 1 1	r nature of injury in Part I ar Part II of item 1B }
O at the second		. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF	INJURY (Hame, form. 20f. (City or town) (County) (Slate)
HYS S ce o b		Haur o. m. While Not while foctory str	reel, office b dg , etc)
Target and a second and a secon			
S P P P P P P P P P P P P P P P P P P P		21 I certify that (# (this hospital) attended the deceased fromDec	:18,1960taDec23, 1960_, that ∰ (we) last
S 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0	- 1	saw the deceased stree on Dec. 23 1960, and that death a	accurred of M, from the causes and an the date stated above
# 10 5 5 E		220 SIGNATURE	22b DATE
	1		ATTENDING MED. STAFF HYS DIRECTOR PHYS 12-23-60
Pag Pag			2d ADDRESS
TAL Per AL Pour Bou		NAME (Type) M. C. WILBER, LCDR, MC, USN	U. S. Naval Hospital, Bethesda, Md.
HOSPITAL ay be reta FUNERAL age 3 shou e Shote 80	10	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREM	
may Poge	11	Cremation 12-24-60 Cedar Hills Ci	
5 € 5 g €	est.	The state of the s	
VR A15 (4)	1	MOOTH MOOTH	
15M 9/59	/	Jos. Gawlers Sons Funeral Home, 1756 Pa. Ave	C.) MARETA TO TO

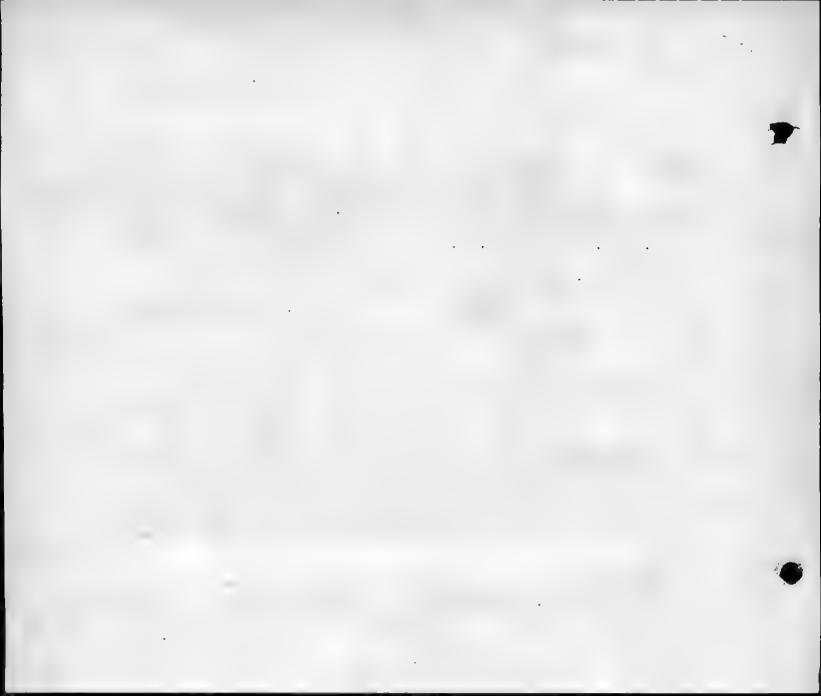
YS. A15ME(5) 5M 9/55

or removal.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1406 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

- 1												
	1. PLACE OF DEATH				M	IDENCE (W	/here deceo	ed lived. If Institu				
	0. 000.00	Montgome	ry	MARYLAND	o. STATE	Mary	yland	b. COUNT	Y Mont	tgo	mer	У
1	b. CITY OR TOWN (III and give negres) town)	suiside corporale limits, writi	RURAL	c. LENGTH OF STAY IN 16	e. CITY OR	TOWN (If	outside cor	porote limits, write	RURAL and	give ne	orest to	wn)
	Chevy	Chase			55	Che	vy Ch	ase				
			If not in hosp	sital, give street address)	d. STREET A	DORESS					e. IS RI	ESIDENCE
ß	4608 I	angdrum	Lane		€'	460	8 Lan	gdrum I	ane			A FARM?
П	3. NAME OF DECEASED	Fire	11	Middle	Lost		4. DAYE	Monti	n	Day	У	ear
	(Type or print)	Fredri	ck	W	Brown	2	DEATH	Decen	iber i	16	1	9 60
	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years lost birthday)	IFUNDER 1		IF UND	
	Male	White	WIDOWED	DIVORCED [Oct. 2.	5. 18	875	85 yrs.	Menths	21	Hours	Min.
	100 USUAL OCCUPATIO	N (Give kind of wark	done 10b. K	IND OF BUSINESS OR INDU				country)	12. CITIZ	EN OF	WHAT	COUNTRY?
\setminus	during most of working Brig. Ger		111	S. Army	T	avo			1	US		
	13. FATHER'S NAME	11.00.	, 0.	D. Filmy	14. MOTHER'S		IAME			U 1		
	1.75 7 7 5 on	L. Brow	22.0				Mecl	11170				
	15. WAS DECEASED EVE		RCES2 Itals	OCIAL SECURITY NO. 117	INFORMANT	Terr A	rieci	Address			-	
	(Yes. no, or unknown)	(If yes, give war or dates of	service) 2	3-40-4610		mp .	D			~ -		
	Yes		1 2	tene	William .	<u> </u>	BLOM	ie-son-s	ame .	2d		
		H [Enter only one cau	se per line f	or (a), (b), and (c).						ONSET	AND DEA	een Ath
		I WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coronary	z ocelus	sion				S	udd	en
	400	DUE TO		*								
	Conditions, if en											
	gave rise to immed (a), stating the u											
	couse lost.	(c)								1		
	Z PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
	Ĭ									Y	ES []	RMED?
	PART II. OTH 200 EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED.	Enter nature of in	ury in Part	I or Port II	of item 18.)				
	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING []										
1	3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d, II	NJURY OCCURRED 20e. PL	ACE OF INJURY (H	lome, form	20f. (City	r or lown)	(Covi	ntv)		(Stote)
	20c. TIME OF INJUR	19	While	k or work	tory, street, office	bidg., elc.				· ·		1
				emains described ab	ave held	A	· []		h 1			et 1 at a
Ì			_				Theread !	nspection 6.			and	find that
	death resulted	rrom: Natural	couses [3	d, Accident ∐, Su	icide 🔲, H	amicide	∐, U	ndetermined o	ause [_].	•		
	ACTUAL	+ 0	2				_				DATE S	HONED
	SIGNATURE S	rang .	10.2	marken	M.D. CHIEF M	EDICAL EX	AMINER -					
	EXAMINER'S				ASSISTAL	NT MEDIC	AL EXAMINE	R 📄		,		
-		Frank J.	Brose	chart	DEPUTY	MEDICAL I	EXAMINER S	3	12	/16	/60	
	220. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREO	F	22c NAME OF CEMETERY O	R CREMATORY		22d LOCA	TION (City, town,	or county)		(Stole	b)
	Burial	12/20/	60	Arlington	Nat. C	em	Arl	ington.	Vir	gin	ia	
	23. FUNERAL DIRECTOR"			ADDRESS		24a PECT	D BY DECKT	DAD 1245 DECK	STRAR'S SIG			
	Robert A.	Pumphre	у Ве	thesda, Ma	ryland	DATE DI	EC 21	60 (-	. Uma S.	FULLAN	UA .	



CERTIFICATE OF DEATH

140/20	CERTIFICATE	OI DEAIII		
1. PLACE OF DEATH O. COUNTY	MARYLAND 2. U	JSUAL RESIDENCE (Where	e deceased lived If institution b COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write c.	9	CITY OF TOWN IS LOS	side carporate limits, write RU	PAL and sive persent from
RURAL and give nearest town)	1 /2	-5 1/12	Sa a	KUC OIO BILA HONES (OMI)
d. NAME OF MOSPITAL (If not in haspital, give street add	1 CLELY	d. STREET ADDRESS	OPKINGS	IC DECIDENCE
OR INSTITUTION WAY.	E Hosp.	9314 W.	DEREN D.	d. IS RESIDENCE ON A FARM? YES NO S
3 NAME OF DECEASED (Type or print)	FE Modio Bul	Aned.	I. DATE Month OF DEATH /2	Day Yeor
S SEX 6 COLOR OR PACE 7 MARRIED	NEVER MARRIED 8. DA	ATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF JINDER 24 HRS
LEMALE WIDOWED WIDOWED	DIVORCED [127/91	lost bighday)	Months Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life even if retired)		11. BIRTHPLACE (State or	foreign country)	12 CITIZEN OF WHAT COUNTRY?
Housewife	N HOME	TLORYA	CAROLINA	HMERICA
13. FATHER'S NAME	nknown FAIRCLOTH	. MIMTE	we unknown	
IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SO	CIAL SECURITY NO 17, INFORM	MANT ,	, Addre	\$5
(18 yes, give war ar dates of service) NC	NE 9	of Hospi	tol KECOK	
18. CAUSE OF DEATH [Enter only one couse per the i	or (0), (b), and (c)]	D: mbs	2 5 1 6	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	briachered	(Tranch	1 day
DUE TO CALL	Trail dis	energin	_	
Conditions, if any, which (b)		- 19-	7:	
couse (a), stating the under DUE TO	udely Alm	· allera	famille ch	may
lying couse lost. (c)			· · · · · · · · · · · · · · · · · · ·	
PART II OTHER SIGNIFICANT CONDITIONS CON	April 1	RELATED TO THE TERMINA	al disease condition give	PERFORMED?
200 ACCIDENT WAS INDERIVING THE 200 DESCRI	BE HOW INDUM OCCURRED TEN	A	at the Book that them 10 th	YES NO 🔀
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INDOMA OCCURRED LEW	iter nature or injury in For	If for Port 1 of Hew ID.)	
		OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a.m 19 of work	_ 1401 MUNE }	1	,	
21 I certify that (I) (this haspital), attended	the deceased from.	126	0. to 12/26/	_, 19,60, that (I) (we) last
saw the deceased alive an 7273				I an the date stated above
220 Seglature 7 3/ olhan 7	h 50		CTOR STAFF	12/26/60
22c. PHYSICIAN'SV	M.D	22d ADDRESS	CTOR PHYS	12/20/00
NAME TYPE nas H. VI. of	OHON	74011	Blair 1%	NW
	3c NAME OF CEMETERY OR CRE	MATORY 2	3d LOCATION (City, tawn, or	county) (State) N . C
BURIAL (Specify) 12/28/60	BULLARD FAMILY E	BURYING GROU	NDS NEAR ROSEE	BORO CUMBERLAND C
24 WASAN PRECIOR'S PENNEHREY JING SI	LVER SPRING, MD.	25a. REC'D (BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
Crismoud al giala		DAT DEC	2 9 '60 m wh	ur S. Kinna

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be rented by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in 5y page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon pages 2 and 2 health prior to burial, cremation, ar remayal, and in any event, within 72 hours offer debth

r death. Page 14

5y ne funeral director, it 2 shauld be filed with

VR A15 (4) 15M 9/59



ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14097

CERTIFICATE OF DEATH

12993

1, PLACE OF DEATH o. COUNTY	NTCOMERY		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE WARYLA		lived. If institution b. COUNTY		e before adm	_
b. CITY OR TOWN (IF RURAL and give new BETHESDA	outside corporate lim	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF o	outside corpo	rote timits, write RI			
d. NAME OF HOSPITA OF INSTITUTION 8716 EV	AL (If not in hospital i ING DRIVE	give street	oddress)		d STREET ADDRESS 8716 EV	TING D	RIVE		10	RESIDENCE I A FARM? INO 🔯
3. NAME OF DECEASED (Type or print)	ISA		Middle		BURDETT	4. DATE OF DEATH	Mon DECEMBE		,1960	Yeor 19
s. sex MALE	6. COLOR OR RACE WHITE	7 MARR	IED 🔏 NEVER MARRIED		MAY 22, 1898		9. AGE (In years last birthday) 62 yrs.		YEAR IF UN Days Hav	DER 24 HRS.
100. USUAL OCCUPATION during most of worki TAILOR	N (Give land of working life, even if retired	done 10b. I)	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (S1010 RUSSIA	or foreign co	ountry)	12 CITIS		AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
MENDE	C BURDETT				RACHEL LEVI	IN				
IS WAS DECEASED EVER	IN U. S ARMED FOR		SOCIAL SECURITY NO		IFORMANT LVIN BURDETT	420	Addr 1 MASSAUR		S AVE.	N.W.
Conditions, If on gave rise to in couse (c), stoling 1 lying cause lost. Part II. OTH	he <u>under-</u> DUE TO	s)	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	1(0) 19. WA	
(IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH WEDICAL EXAMINER)		***CLULTIVE CRIBE HOW INJURY OC	CURRED	3. (Enter nature of injury in t	Part 1 or Part	II of item 18]		YES	<u>О но (9</u>
20c. TIME OF INJURY Hour a. m. p. m	Month, Day, Ye	ar 20d II While al wor	Not while		ICE OF INJURY (Home, form lary, street, affice bldg., etc.		or fawn)	(C<	ounty)	(Stote)
21. I certify (The olive on	at I attended the	7 19 6	22	AK OF	TAUT M	M, fram	the causes a reet, city or town.	nd on the	e date sto 27/6	
23. FUNERAL DIRECTOR'S		-	ADDRESS	M-11		D BY REGIST	WASHINGTY RAR 246. REGIS	JN D. TRAŘ'S SIG		
B. DANZANSK	Y & SONS	3501	14th Stre	et,	11111	EC 3 0 '6		Thun S.	Kraus	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VS A15 (4) 15M 9/\$5

12-29-60

THE COLD

TO HOSPITA!

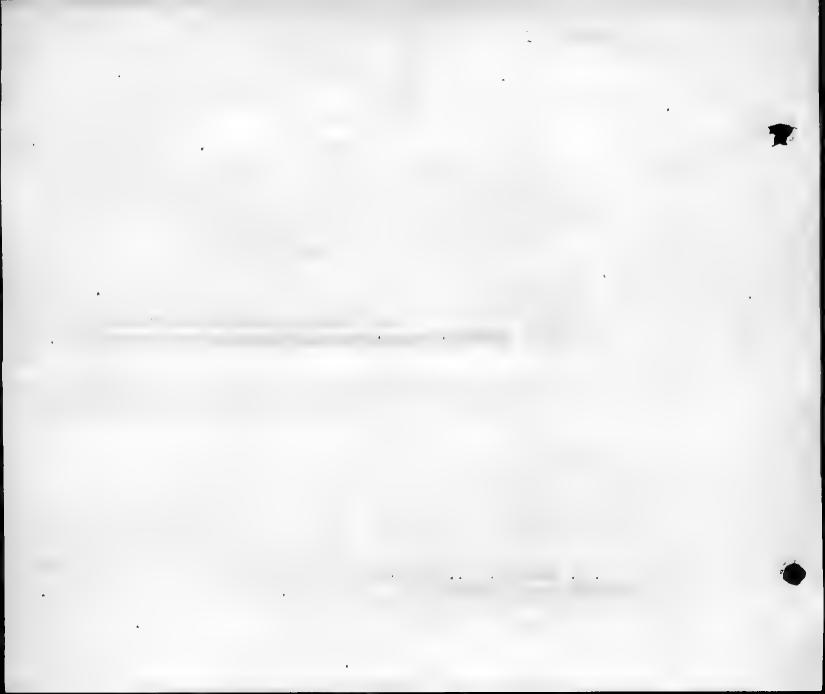
VR A15 (4) TSM 9759

14098

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-1	4	(1	()	
_	_					

1	PLACE OF DEATH a. COUNTY Montgomer	v			MARYLAND		usuat Residence (v o. State Marvland	Vhere d	eceased in	b. COUNT		~		ion)
	b CIY OR TOWN (IF	outside carparate	bmits, write	c LENGTH O	F STAY IN 1b		CITY OR TOWN (II	f autside	corporate	limits, write	RURAL and	give nea	rest town)
-	Bethesda d NAME OF HOSPITA OR INSTITUTION	(Rural)	ol, give street		days	-	Takoma Par d. street Address	k		<u> </u>			e IS RES	IDENCE
	U.S. Nav	al Hogott	al.				434 Ethan	A77a	on Ass	0	1			FARM?
3.	NAME OF	4.L 12.43.2.4.	First		Middle	41	losi		DATE		with	Da		(ear
	DECEASED (Type or print)	I.F.	rbert	'D se	adlev		BURGER	0	DEATH		ember	21		1960
5.	SEX	6. COLOR OR RA		RIED NEVER		B. D.	ATE OF BIRTH		9	AGE (In years		RIYEAR		
	Male	Caucasia	WIDOW	/ED 🔼 DI	VORCED [9-9-08			lost birthday) 52 yrs	Months	Doys	Haurs	Min
10	 USJAL OCCUPAT O during most of work 	N (Give kind of wing life, even if ret	ork done 10b ired)	KIND OF BUSH	NESS OR IND	USTRY	11 BIRTHPLACE (Stol	te ar for	eign coun	(m)	12.CIT	IZEN OF	WHATC	OUNTRY?
_	Officer			U.S.	Navy	Ψ.	Distri		of Co	lumbia		USA		
13.	FATHER S NAME					14	. MOTHER'S MAIDEN	NAME						
	Herbert B						Hattie B	all						
	WAS DECEASED EVER	IN U.S. ARMED fiyes give wor or dote		SOCIAL SECUR	ITY NO 17	INFOR	MANT		T	akoma	fürk,	Md.		
L	Yes	1933-54				Hat	tie Ball B	URGI	ER 43	4 Etha	n_Alle	en A	ve.	
PICATION	Conditions, if ar gave rise to in couse (a), slating I lying couse last.	nediate DUE	(b)(c)				RELATED TO THE TERM					ned	V WAS	
CERT	OR CONTRIBUTING	CAUSE OF DEA	TH {	SCRIBE HOW IN.	JURY OC CUR R	ED (E	nter nature of injury in	n Part I	or Part II	of item 18)				
MEDICAL	20c TIME OF INJURY Hour o.m. p. m.	**	Year 20d While at wo			LACE octory,	OF INJURY (Home, for street, affice bldg., e	rm, 20	f (City or	town)	{	County)		(Stote)
	21 I certify that	(this hosp	itol) atten 24 Dec	ded the dece	eosed from	. No deot	v. 14 711	OAM'	.to_D	ec 24 e couses o	, 19_9 nd on th	60, the	at 🔼 (i stoted	we) last
	220 SIGNATURE	W	run	UST.	1			MED DIRECTO		STAFF PHYS			221	SIGNED
	ZZC PHYS CIAN'S MAME (Type)			, Lt., M			22d ADDRESS			ospita	l, Pe	thes	da,	Md.
23	BURIAL, CREMATION	12-28-	_		ton Na		ematory nal Cemete			N (City, town,			(Stat	e)
24	FU RAL DE CLOR'S			ADDRESS			oma Park REG	100		-	ISTRAR'S SE	GNATUR	RE	
		uneral H	· ·		ll Ave,	Tak D.	oma Park, C.				lun S			



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14007

I	N	
cromand completely filled in by 1,72 funeral director,	we corban papers. Pages 1 and 2 should be filed with what 72 haurs after death.	74
cictor and completely filled	we corbon papers. Pages I)

requires that the death certificate be executed

attending

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or attending physician.

hosp to After I

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2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH p. COUNTY o. STATE b. COUNTY MARYLAND Montgomery Mary and Montgomerv b CITY OR TOWN (floutside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kensington 20 hrs. Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO 1 10910 Devin Place Suburhan NAME OF Middle 4. DATE Photo in Month Year Walter DECEASED OF DEATH 1960 (Type or print) Dec. Burroughs Stanley S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS 7 MARRIED W NEVER MARRIED lost birthdoy) Months Days WIDOWED [7] DIVORCED [yes. 40 Male White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLA .E (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) auto repair U.S.A. Maryland Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Matie Thompson Walter M. Burroughs 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Yes Wife (Alfreda Burroughs) Same as above please CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y: Intracerebral he orrhages Car IMMEDIATE CAUSE (o) LOUE TO Conditions if ony, which Hemorrhagic diathesis week te has been signed to (b) gove rise to immediate **DUE TO** cause (a), stating the under-Acute granulocytic lukenia months lying couse lost ŏ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? cremation, YES NO IT 20 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Hem 18.) He e 20 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Store) Doy, Year (County) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. the deceased fram Sept. 24, 1960, to Dec. 20, 1960, that (1) (we) last 1960, and that death accurred at $\frac{7a}{8}$ M, from the causes and an the date stated above. 21 I certify that (1) (this haspital) attended the deceased fram Serot; 24 detached FUNERAL DIRECTOR: A coge 3 should be detached be detached by the confidence of the c sow the deceased alive on Dec. 22a SIGNATURE S GNED ATTENDING PHYS MED DIRECTOR MD. 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) Suburban Hospital Edward McGarry. 230 BUR AL CREMATION, 236 DATE THEREOF 23d LOCATION (City town, or county) NAME OF CEMETERY OR CREMATORY (State) page the Sta REMOVAL (Specify)
Burial 12-22-60 Brookeville Brooke ville Md.
REG STRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC D BY REG STRAR VR A15 (4) DATE DEC 2 3 '60 Laytonsville. Md. Cur Sout & March 1SM 9/59

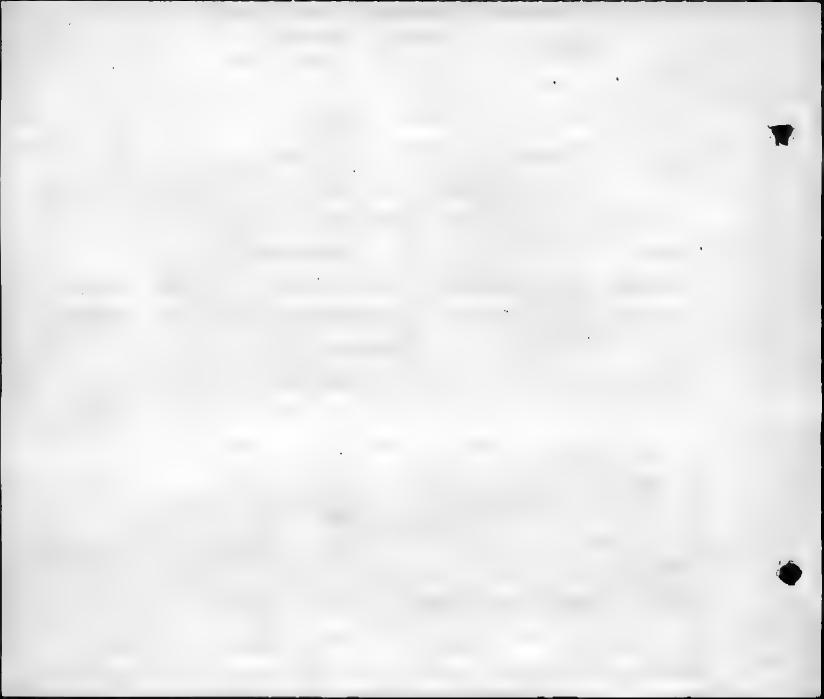
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea Dist No. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lyred Al institution Residence before admission) filed v e .COUNTY COUNTY MARYIAND PURAL and give negres found c. IFNGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fown d NAME OF HOSPITAL (IF sot in haspital give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MARIN YES I NOTE NAME OF Middle 4. DATE Month OF DEATH HENRY DEC (Type or print) 1060 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HES. B. DATE OF RIGHT 9. AGE (In years #thday) Months Davi WIDOWED [DIVORCED [7] USUAL OCCUPATION (Give kind at work dane 10b KIND OF BUSINESS OR INDUSTRY during most at working life, even if setiged) 11. SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: CFREBRAL WASCU ACCIDEN 41 DAYS **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-FRITTEN LE BOSIS lying cause tast. Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO 1 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. m. factory, street, office bldg., etc.) While Nat while at work at work Dec 13 196 ... that I last sow the deceased 21. I certify that I attended the deceased from. IAN 1980, and that death occurred at 2 A.M. from the causes and an the date stated above. de ADDRESS (Street, city or town, state) **ACTUAL** アッイビ should O FUNERAL PHYSICIAN'S 03627 NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d-LOCATION (City, fawn, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS/ 246, REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VR A15 (4) 15M 9/59

death. Page 4

-												
1	PLACE OF DEATH a. COUNTY	ONTGOMERY		MARYL	AND	2 USUAL RESIDENCE (W. o. STATE MARY)		d fived If instituti b COUNTY	MON I	nce befor	re odmissi ERY	10П)
	b. CITY OR TOWN	of outside corporate limi	ts, write	c LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside corpo	prate limits, write R	URAL and	give nea	rest town	1)
	SILVER S	PRING		1 year		SILVER SPR	ING		0			
	OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS			1 449		 IS RESION A 	FARM2
	1005 MERR	IMAC DRIVE	A	PT. #1		1005 MERRI	MAC DE	RIVE APT	3 HI		YES 🗌	NOVE
3.	NAME OF DECEASED	Fir	si	Middle		Last	4. DATE	Mor	ith	Do	y)	Year
	(Type or print)	PETER		(NMI) (PAN		CAMBAS'	DEATH	10000	,			19 60
5	MALE MALE	WHITE	7 MARE	RIED NEVER MARRIED ED DIVORGED		S DATE OF BIRTH JAN. 1, 1886		9. AGE (In years lost birthday) yrs.	Manths	Doys	Hours	Min.
100	USUAL OCCUPATI	ON (Give kind of work : rking life, even if ret red	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign o	country)	12 CH	ZENOF	WHATC	OUNTRY?
		KER, RETIRE		CANDY MANUFA	ACTU	RING SMYRNA	TURK	EY	υ	. S.	Α.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	DIMITRI	OS CAMBAS				FOTINI PO	LITIS					
	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT		Add	ress			
	NO		00	56-09-3345	ID	A G. CAMBAS,	1005	MERRIMAC	DRIV	E, S	SILVE	R SPE
		ATH [Enter only one co	use per li	ne for (a), (b), and (c)-]	1		-t.				ERVAL BE	
	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		cute carc	liac	decompens	talligh				Lhr	
	113/1	DUE TO	1		1		4.				en 2.41	
	Conditions if) [Aronic car	rdi	ac deconife	enselic	OR .			X WH	2.2
	cause (a), stating	the under- DUE TO)			•						
1 2	lying cause lost	_ / /-	1	CONTRIBUTION TO DEAT	THE DEET	NOT RELATED TO THE TERM	MAIAL PASSAS	SE CONDITION OF	/EK. INI PA	PT 1/01 1	24/4/ 0	AL TOPSY
CERTIFICATION											PERFO	RMED?
	200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING A G ACCEPTED CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC). (Enter nature of injury in	Part 1 or Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJU	RY Month Doy, Ye				CE OF INJURY (Home, forr		y or town)		(County)		(Stote)
MED	Hour a.m.	19	While of wor									
	21 I certify th	at (1) (this haspital	l) attend	ded the deceased t	fram .	Seplember 15	260 .10.	Decemb	cr. 15191	<u>50</u> , th	ot (i) (we) last
1	saw the deced					eath accurred at 25	EM, from	the causes a	id on th	e date	stated	abave
/	220 S GNATURE	2 1/	l	1/2		ATTENDING M	AFD.	STAFF		2	22	DATE SIGNED
	Ves	Dennel U	130	vary fr. 48	-	W.D PHYS 💢 D	RECTOR _	PHYS 🗆		<u> </u>	PCEM	Ler K, 6
	22c PHYSICIAN'S NAME (Type)	Bennet A.	Porte	er. Fr. M.D.	,	22d. ADDRESS 9301 (olesy.	lle Rd., S	der	Spr	(My)	Md.
23	a BLR AL, CREMAT REMOVAL (Specify	ON 235 DATE THERE	OF .	23c NAME OF CEME	TERY O	R CREMATORY	23d LOC/	AT ON (City, town,	or county)		(Stat	le)
	BURIAL	DEC.19.1			OIPAYIE	TERY	MON		COUNT			AND
24	FUNERAN DIRECTO	R'S SIGNATURE REY	INC.	SILVER SPRI	ING.		EC 2 2		STRAR'S S			
	188011-00	and a	200 60	4	7	DATE!	CL Z & I	30 1 Cm	Living d	· / COL	APRIL 1	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12100

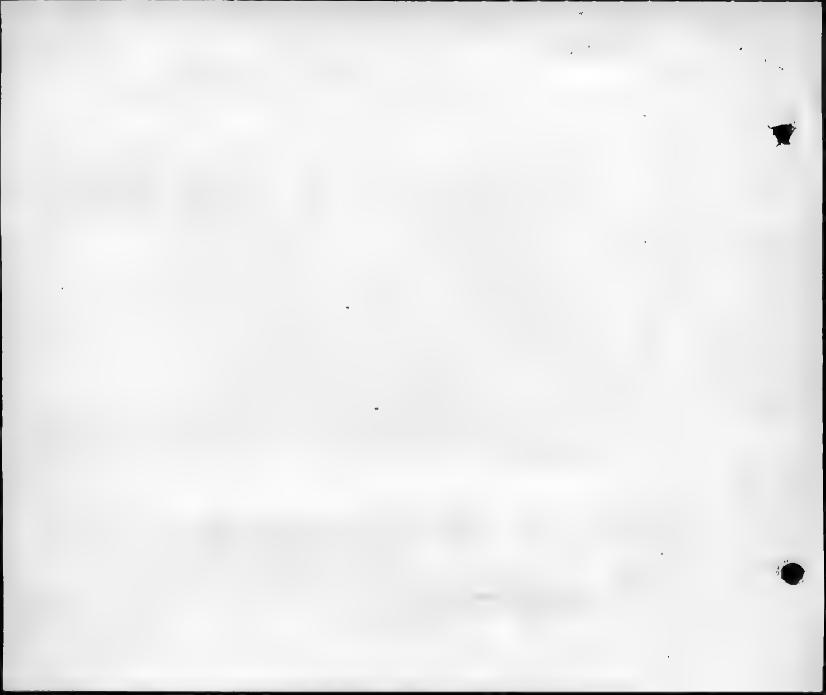
14004

L	YATANA	CERTIFICA	TE OF DEATH	
ī	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased I ved If institution Resider	nce before admission)
1	Mertunini	MARYLAND	a. STATE marylan b county	20032 411
	b C TY OR TOWN (If outside comporate limits write c 18	NGTH OF STAY IN 16	c. C TY OR TOWN (if garside corporate limits, write RURAL and	give nearest town
9	RLRA, and g ve nearest town	0 1- 1	Physica Physia	4
1	d. NAME OF HOSPITAL (If not in hospita, give street addre	Lays	d STREET ADDRESS	a is residence
ic.	OR INSTITUTION		G STREET ADDRESS	ON A FARM?
L	Duburban.		fold Conn. AVE.	YES NO K
3.	3. NAME OF DECEASED First	Middle	Lost 4. DATE Month.	Day Year
	(Type or print) Lillie	.R* . (-112+04 DEATH 12/29/	(EC) 19
5	5. SEX 6 . OF OR RACE 7 MARRIEDS	NEVER MARRIED		YEAR IF UNDER 24 HR
	F MIDOWED	DIVORCED [I last birthdoy) Months	Doys Hours Min
1	10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND		Jan 9, 1002	IZEN OF WHAT COUNTRY
	during most of working life, even if retired)	O1 000111600 OK 11 1000	111	
-	Maisenth;		Jel.	
113	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
L	N. Nobertson		Mogers	
13	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO 17 IN	FORMANT Address	Signe
1,	Not	ne /	larence E Carter A	untrana.
F	18 CAUSE OF DEATH [Enter only one couse per line for		<u> </u>	INTERVAL BETWEEN
П	JI		1 T. C	ONSET AND DEATH
V	IMMEDIATE CAUSE (0) ACU	te M yocardl	cal_Infarction	
П	DUE TO			
П	Canditions, if any, which (b) (b)	ardical Vasc	ular Disease	
L	gove rise to immediate couse (a), stating the under DUE TO			
1		talis Intoxi	cation	
là			NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT I(a) 19 WAS AUTOPS
ŀ	Part II OTHER SIGNIFICANT COND T ONS CONTI			PERFORMED? YES □ NO 🛪
1 2	TO ACC DENT WAS THEIR DESIRED TO JOB DESCRIPE	HOW INTERY OFCURRED	(Enter nature of injury in Part 1 or Part 1) of item 18)	
0 0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13			ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.) !	(County) (Slote
20 00	p m 19 of wark	at work		
ı	21 I certify that (I) (this haspital) attended t	ha decorred from	Dec 7, 1960, to Dec 259, 191	Lc, that (1) (we) la
	2 Certify find (i) (into maspinar) diferioed i	10 L	leath accurred at 1 p. M, from the causes and an th	atota stated about
ı	saw the deceased alive an 125 220 SIGNATURE	17.02 , and that d	leath accurred at 1_p_ m, from the causes and an th	e date stated above
	11 00		ATTENDING MED. STAFF	S GNE
	Leni U. When		M D PHYS DIRECTOR PHYS	1.6, - 1. /9 C
L	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS	(
L	G ene U. Cohen		13/ 1 4:40-44 0 1) 3 144	01 - 2/2/2
2	230 BURIAL, CREMATION 236. DATE THEREOF 23c	NAME OF CEMETERY O	R CREMATORY 23d LOCAT ON (City town, or caunty)	(State)
	Burial 1/3/61	Parklawn C	emetery Rockville, Mar	vland
2	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		
			250 REGISTRAR S SI	
	Robert A. Lumphrey De	tuesua, ma	L y Lattu DAIL	

death. Page 4 funeral director, uld be filed with plnods the attending physician and campletely filled in by Then please remave carbon papers. Pages 1 and 2 and in any event, within 72 haurs after death. 0 requires that the death contificate TO HOSPITAL ATTENDINE STATICIAN: The law requires that may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit, the State Board of Health prior to burial, cremation, ar remayal, to

₩ ₩ VR A15 (4) 15M 9/59



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Tage 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

TO HOSPITAL

VR A15 (4) 15M 9/5

may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death.

14005

	٦,	1. PLACE OF DEATH a. COUNTY MERCLAGINERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived on STATE)	b. COUNTY (FILLIEL SU
	H	b. CITY OR TOWN (If outside corporate smits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate the RURAL and give nearest lawn)	*
****	_	d NAME OF HOSPITAL (if not in hospital, give street oddress) d. STREET ADDRESS	o. IS RESIDENCE
115		5 Conting in Fisherium + Hezitel 6511 3rd al	Uzul_ ON A FARM? YES NO
Ę.	3.	3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 6. DATE OF DEATH	North Day Year 1960
deat	5	S SEX 14 COLOR OF PACE 7, MARRIED TO NEVER MARRIED TOTAL B. DATE OF SIRTH	SE (In years IF UNDER I YEAR IF UNDER 24 HRS
after	L	MASCU MIDOWED DIVORCED ALKE. 1, 1960	уг. — 2 — —
hours	10	10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPIACE (Stote or foreign country during sport of working life even if retired) 11 A 12: 1 12 12 12 12 12 12 12 12 12 12 12 12 12 1	PL 2 CITIZEN OF WHAT COUNTRY?
2 2	13	13. FATHER'S NAME	24
(]		Parily for Cavin Margaret fake	Mays
le de la company	15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (France of Service) 17 INFORM	6615 Kustingalar (TV
ny e	-	1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
.i.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Promotulato	ONSET AND DEATH
ouo .	ı	TO DUE TO	
loval	ı	Candition, if any, which (b) gave rise to immediate DUE TO	
r ren		lying cause last. (c)	
o hian, a	ATON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? YES NO
il, cremo		COR CONTRIBUTING CAUSE OF DEATH 200 DESCRIBE HOW INJUST DECLIKED (Enter nature of injuly in Pair I of Poir I of Course of Injuly in Pair I of Course of	item 18)
to burio	MEDICAL	20c TIME OF INJURY Manth, Doy Year 20d INJURY OCCURRED Hour a. m 19 19 20t INJURY OCCURRED Not white at work 19 20t INJURY OCCURRED factory, street, affice bldg., etc.)	wr) (County) (State)
priar	l	21. I certify that (I) (this hospital) attended the deceased from. DAY 1960, to D	1940, that (1) (we) lost
를	l	saw the deceased olive on 100 1960, and that death occurred of M, from the	couses and on the date stated obove.
ž 1			AFF 12/10/60
tate Board		1200 PHYSICIAN'S NAME (Type) jeb HERBERT, J. JACOBS 10620 GLOGIA (M. Silvi String mi
he State	23	230 BURISH CREMATION 236 DATE THEREOF 960 RATE FOR CEMETERY OR CREMATORY 230 LOCATION REVOLUTION LUC 12, 1960 HATEL FOR CHARLEY KATE	(City, town, or county) (Note)
-=	24	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
h		J. arthur Wacuit, 254 Carroll H M. LC DATE DEO 13'60	Citing & Kinna
1000	1	O x 12 x 1x v i	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATI 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission Virginia o. COUNTY b. COUNTY MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, write V c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! Bethesda (Rural Hampton NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? U. S. Naval Hospital YES NO P 13 Mitchell Rd 4. DATE NAME OF Middle Year last Month Day DECEASED (Type of print) Karen Gail CHAPMAN DEATH 26 19 60 December IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED TO B. DATE OF BIRTH AGE (In years lost birthday) Months Hours DIVORCED T 8-10-60 Female Caucasian WIDOWED [yrs. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Virginia USA 14. MOTHER'S MAIDEN NAME . FATHER'S NAME Stanley R. CHAPMAN Ruby G. STRICKLAND WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No DOE Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Septicemia, organism unknown 72 hrs DUE TO Urinary tract infection, organism unknown 8 days Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. O PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? Congenital heart disease & convulsive disorder YES NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERT F 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICA. 20c. TIME OF INJURY Month Day, 20e PLACE OF INJURY (Home, form Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) factory, street, affice bldg., etc.) While Not while at work \square of work EL m 19.60, that (1) (15) last 21 I certify that (I) (this hamital) attended the deceased from Dec. M. from the causes and an the date stated above. and that death accurred at 26 1960 saw the deceased alive on Dec. 22a, SIGNATURE SIGNED ATTENDING STAFF 12-26-60 PHYS DIRECTOR [22c PHYSICIAN 22d. ADDRESS NAME (Type Lawrence G. THORNE, LT, MC, USN U. S. Naval Hospital. Bethesda, Md. 23g BURIAL, CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City lown, or county) (Stote) Burial-Shipment 12-27-60 Forest Lawn Cemetery Norfolk Virginie 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Lee Funeral Home, DATE DEC 2 9 '60 4th & Mass. Aves., NW, WashDC cirthur & Kraus

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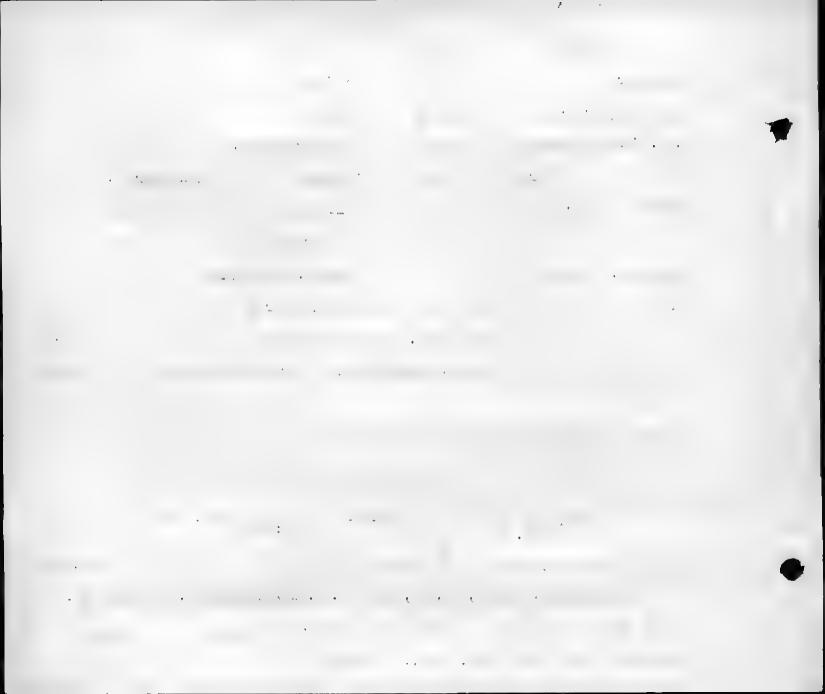
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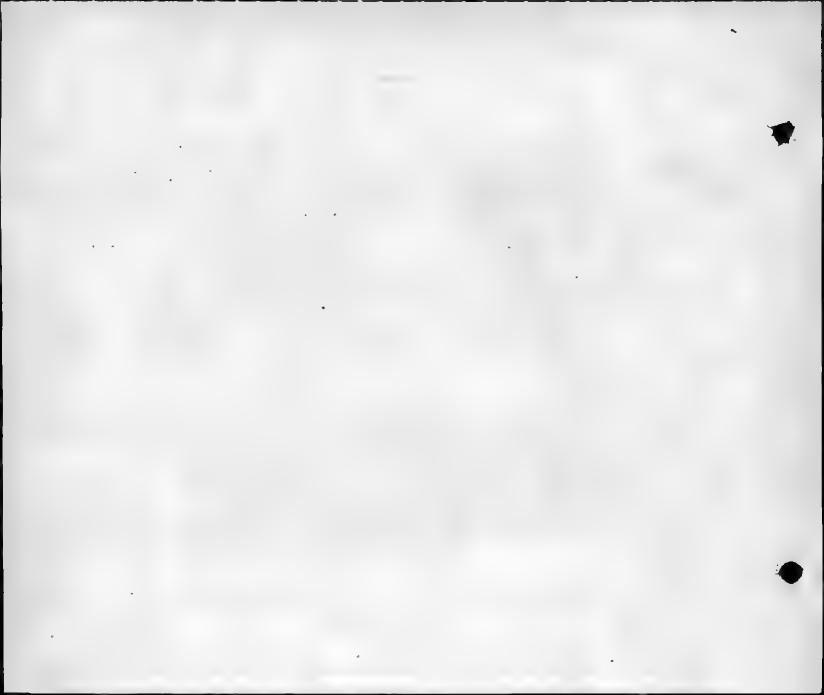
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14007 Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)							
o. COUNTY	Montgomery Maryland				o state Maryland b county Montgomery							
and give negres) have	b. CITY OR TOWN (It outside corporate limits, write RURAL ond give necrosit form) Takoma Park				c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) Takoma Park							
	TAL OR INSTITUTION (If not in hornita	Laive street address:		d. STREET AD		1 141 10			-	_ IC PE	ESIDENCE
	Cennebec A		i, give silver cochess)			Kenne	bec A	Ave.			ON.	A FARM?
3. NAME OF DECEASED	Fir	př	Middle		Lost	4. b/	TE	Month		Day	Y	egr
(Type or print)	JOSEPH	I H.	•	CH	APPELL		ATH	Dec.	25	,	15	9 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. A	GE (in years I birthday)	IF UNDER 1			
Male	White	WIDOWED [The state of the s		Aug. 5,			53 yrı.	Months [Pays	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of working life, even if refired)	done 10b. KIND	OF BUSINESS OR IP	NDUSTR	Y 11. BIRTHPLAC	CE (Slate or for	nign çovnlı	rì	12. CITIZ	EN OF	WHAT (COUNTRY
Rehabital	ition Spe	ec.			Indi	lana _			U	.s.		
13. FATHER'S NAME					14. MOTHER'S M							
	s M. Char	A,				a Harr	ison					
Yes, no, or unknown)	/ER IN U. S. ARMED FO	RCES? 16. SOC	TIAL SECURITY NO.		FORMANT SO			Address				
No			one	Pa	ul H.	Jhappe	11	Sa	me as	It	em	#2
	ATH [Enter only one can	ne per line for	(a), (b), and (c), }							INTERVA	AL BETWE	EN
PART I. DEA	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: WAMEDIATE CAUSE (a) COPONARY OCCUSION Sudden											
1420	HD 1 N DUE TO											
Conditions, if	Conditions, if any, which) (b)											
	gove rise to immediate cause (a), stating the underlying DUE TO											
cause last.	to, storing the original transfer of the original transfer or the original transfer of the original transfer or the origi											
FART II. OT	HER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEATH	BUT NO	OT RELATED TO T	HE TERMINALD	SEASE CON	NDITION GIV	EN IN PART	I(a) 19.		
13										YE	S 🔲	RMED?
PART II. OT	USE WAS INTRIBUTING 20	b. DESCRIBE HO	OW INJURY OCCURR	IED. (En	ter nature of inju	ry in Part I ar P	art II of ite	m 18.j				
		r 20d INII	JRY OCCURRED 120e	PI ACI	E OF INJURY (Ho	ma form 1905	With or bo	· · · · · · · · · · · · · · · · · · ·	(Cour	No.		(State)
Heer o. m.		While _	_ Nat white	foctor	y, street, diffice b	idg., etc.)	i (Gir) or io	rwiig	(COS)	"71		(Sidie)
			at work		1.11.4							
	hat I toak charge				_			ction b		<u> 130</u> ,	and f	find that
death resulted	I from: Natural	causes KI,	Accident,	Suici	ide 🔲, Ho	micide ∐,	Undet	ermined c	ause 📙.			
ACTUAL	2	B		1.			_				DATE S	GMED
SIGNATURE	Jalla Ly	ci / 2	unhau			DIÇAL EXAMINI						
EXAMINER'S NAME (Type)	FRANK J.	BROSC	HART			T MEDICAL EXA EDICAL EXAMI		1	Dec.	26,	19	60
22a. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREC)F 22c	. NAME OF CEMETER	Y OR C	REMATORY	22d. I	LOCATION	(City, town, c	or county)		(State)
Burial	12-28-	60	<u>Parklawn</u>	Ce	metery	M	ontg	omery	Cour	ıty,	Mo	i.
23. FUNERAL DIRECTO	THE RESERVE AND THE	v p	ethesda.	Mo	1.	40. REC'D BY R	EGISTRAR U 160		TRAR'S SIGI			
ROBERT A	• FURIFIED	T L	Colleged			DATE DILL. A	9 00	Ci	rehur S.	Thous	A	

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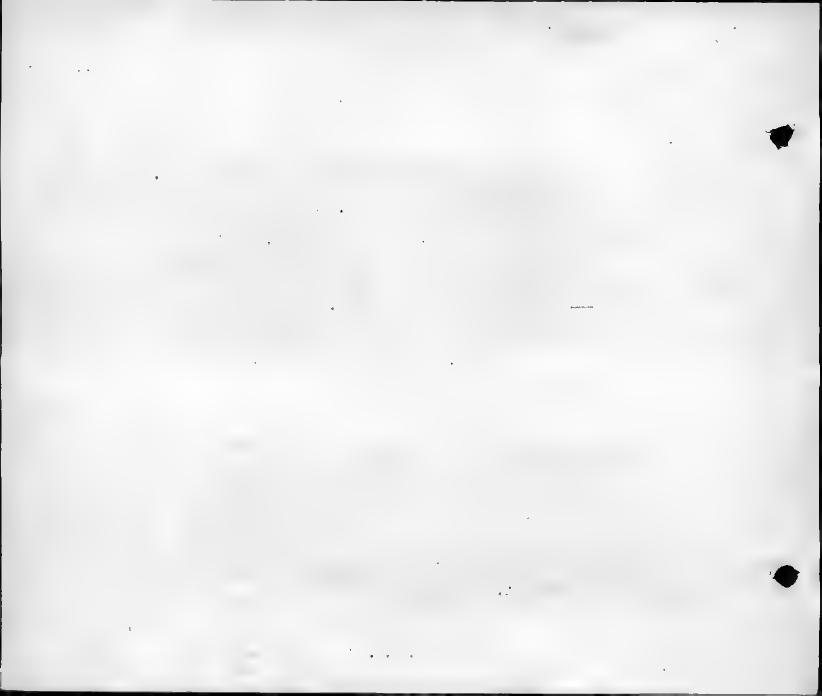
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

F	1. PLACE OF DEATH				1	- Hellal Breinghler	3 44 - 8	11 17 44 1	0 1	1.7		. 3
l	MONTG	OMERY'		MARYI	AND	2 USUAL RESIDENCE (* 0. STATE MARYL		b. COUNTY				01)
ľ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE								
	OR INSTITUTION	At (if not in hospital, (IND) AVENU		address)		4605 DRUM	MOND A	/ENUE		1		FARM? NO
	3 NAME OF DECEASED (Type or print)	Fii MARY	rst	Middle FAULOS		CHR IST OPHER	4 DATE OF DEATH	4 DATE Month OF DEATH DEC			-	(eor
ŀ	5. SEX	6. COLOR OR RACE	7 444.00	IED NEVER MARRIE	20	8. DATE OF BIRTH		9 AGE (In years		1 YEAR		
	FEMALE	WHITE	WIDOWE	-		OCT.15, 187	8	last birthday) 82 yrs	Months	Days	Hours	Min
	during mast of work	ON (Give kind af wark ling life, even if retired	dane 10b	KIND OF BUSINESS OF	RINDUS	STRY 11 BIRTHPLACE (SIG	_			IZEN OI		OUNTRY?
ŀ	AT HOME.					LIVERPOO		_AND	ONT	44Om	V	
1		FAULDS						DMESKEY				
ł	15. WAS DECEASED EVE		CES2 116	SOCIAL SECURITY NO	12 IN	IFORMANT	CE. IVICO		iress			
		If yes, give war or dates of i				ARY C. LETHE	RIDGE,		NI.			
N.C.	Conditions if of gave rise to it cause (a), stating lying couse last.	TH WAS CAUSED BY IMMEDIATE CAUSE (& DUE TO ny, which mmediate the under-	a		c.l	relies to the Tex				ON!	PERFO	DEATH O . ALTOPSY RMED?
	THE EITHER, NOTIFY	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	ZOc. TIME OF INJUR Hour a. m p. m	Y Month, Day, Ye	While	NJURY OCCURRED Not while at wark		ACE OF INJURY (Home fortary, street, office bldg.,		y or town)	-{	County)		(State)
	21. I certify that saw the decease 220 SIGNATURE 22C PHYS C AN'S NAME (Type)	ed alive an	Hz.	L 1960, and Clerke	that d	eath occurred of		STAFF PHYS	≥, 19 € nd on the	5 €, ih e date	stated	we) last abave. DATE SIGNED
	230 BURIAL CREMATIO		50 50	230 NAME OF CEME HOLY CRO				TION (C'TY TOWN			(Stat	e}
	LASIAL DIRECTOR	S SIGNATURE	ne 17	56 PA.AVE.,	N.V.	DC (6) 250. RE	C'D BY REGIS	0.0	istrar's si			

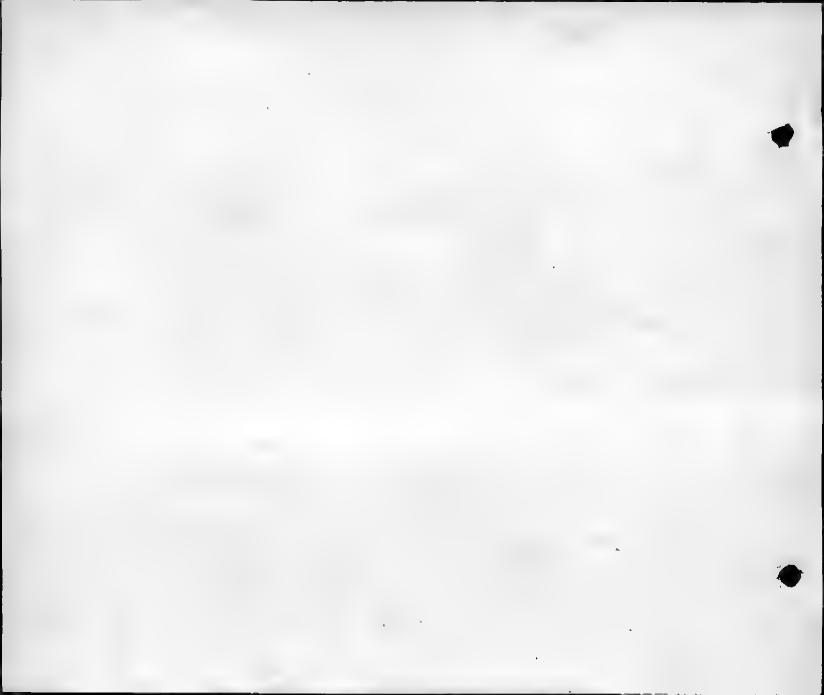


		LYUZO CERTIFIC	CATE OF DEATH	TXUUS
1	1. [PLACE OF DEATH O. COUNTY MONTGOMERY MARYLA	2 USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE	before admission)
_	-	b CITY OR TOWN (If Extrace corporate limits, write RURAL and give negrest town) Takain a Park d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington San + Thosp.	OID COLLY OR TOWN (If outside corporate limits, write RURAL and girls of Street ADDRESS of Columbia, Columbia Rd W.W.	e IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) SEX Amount Color of Race Amarried Never Married N		Day Year 1960 YEAR IF UNDER 24 HRS
	fi	EMale white WIDOWED DIVORCED	NOV. 2-4, 1911 49 yrs Manths 1	Days Hours Min
		USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) Teacher - Dance School FATHER'S NAME	Europe AM 14. MOTHER'S MAIDEN NAME	erica-USA.
I		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Margaret-F. Lan R. Heineman	
	:	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	washington Son & Hosp. Rocard.	INTERVAL BETWEEN
	NOIL	Canditians, if any, which gave rise to immediate cause (a), stating the underly lying cause last Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT.	of the Tecnological Derical Edition of the Terminal disease condition of the terminal disease condition of the in part	12 Zuos 1(a) 19 WAS AUTOPSY PERFORMED?
	CERTIFICA	200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED (Enter nature of injury in Part I ar Part II of item 18.)	YES NO P
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 26 Hour a m. 19 White Not white at work at work 19	0e. PLACE OF INJURY (Hame, form, 20f, (City or tawn) (Co factory, street, office bldg., etc.)	ounty) (State)
1		no SIGNATURE. Jolland Ford	hat death occurred at 2-M, from the couses and on the MD ATTENDING DIRECTOR STAFF PHYS	C? that (i) (we) last date stated above 22b DATE SIGNED
1		1200 PHYS CIAN'S NAME (Type) Schip T. LERD	1015 Spring St. Silver	spring le
		PROPERTY 123 DATE THEREOF 235 NAME OF CEMETIC POLICY KULL	oly Crimatory Villa Sev. Court	(State)
	24	EUNERAL DIRECTOR'S SIGNATURE! ADDRESS ADDRESS ADDRESS 257 CAREAUST	7.W. Clash Shale DEC 1 3 '60 256 REGISTRAR'S SIG	YEARA

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be reby the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 hauld be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14080

CERTIFICATE OF DEATH

Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived off institutions Residence before admission) o. COUNTY a STATE 6 COUNTY MONTGCMERY MARYLAND MARYLAND b. CITY OR TOWN (Il outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest town) 401 BLANDFORD ST NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Blandford St. YES NO NO ROCKVILLE NAME OF First Middle Last 4. DATE Yeor Month DECEASED (Type or print) DEATH DEC. 10 60 EDWARD CLEM 19 NOAH 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH AGE (In years iost b'rthdoy] Months Days Hours DIVORCED | WIDOWED | 58 yrs. MALE WHITTE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A WHEATON HIGH VIRGINIA CHSTODTAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZ. LLOYD FIMORE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Address (Yes no or unknown) SAME AS ABOVE 1B. CAUSE OF DEATH [Enter only one cause per tipe for (a) (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY ulx IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES 🚺 'NO 🔲 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18.) CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 1944 that I last saw the deceased and that death/accurred at 2 1/1/2 LM, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S Mill Road, Rockville, Md. NAME (Type) 220 BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) Jacksonville 22 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DAT DEG 1 3 '60 Wheeler unera

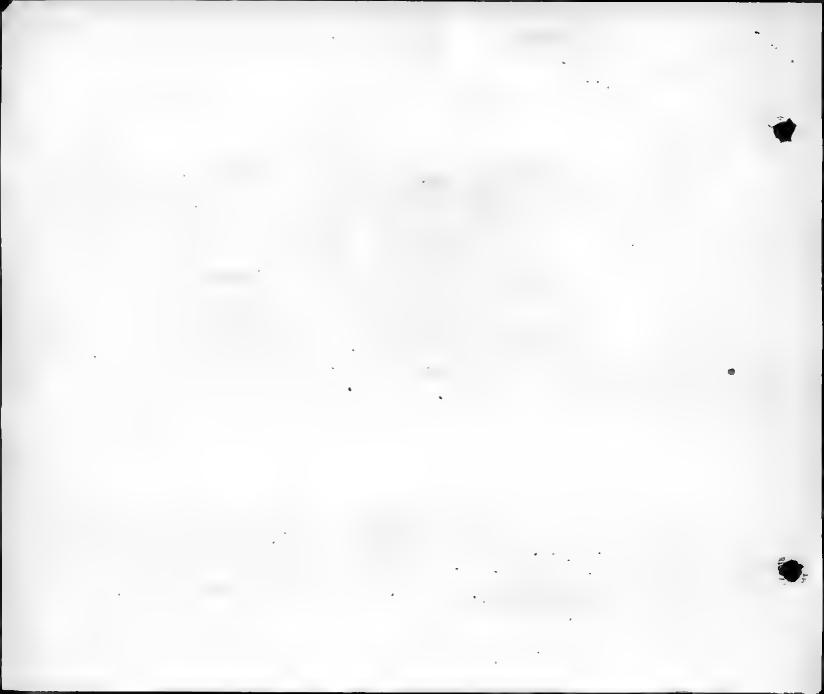
funeral 22 .5 Filled Pages completely f deoth. puo carbon ofter 1 physician attending physicis hours R within the ۵ ony permi ir attending physician cert Frate has been signed burial-transit remayal, os the i 950 hospital ar defached > FUNERAL DIRECTOR: A page 3 should be detached by the buring to buring the buring to buring the bu prior registrar pode 0 VS A15 (4)

15M 9/SB

director

within 24 hours

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14109 CERTIFICATE OF DEATH

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1711/2		Re	g. Dist. No.						
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a STATE District of Columbia COUNTY							
b CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL	and give nearest town)						
Bethesda	64 days	Washington	»«÷						
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE						
	ethesda 14. Md.	1363 Peabody Street, N.W.	Apt. 204YES NO 1						
3. NAME OF First DECEASED (Type or print) Louis	Middle (None)	Cohn de December	Doy Year 4 1960						
	MARRIED T NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS						
Male White WIL	OOWED DIVORCED	December 17, 1895 64 yrs.	nths Doys Hours Min						
10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)			2. CITIZEN OF WHAT COUNTRY						
Salesman	Tobacco	Nebraska	U.S.A.						
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME							
Morris Cohn		Bluma (Unicion) Hisda							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yet. no. or unknown) (il yes, give wor or dates of service)		NFORMANT The Medical Record Address							
Yes	347-07-9134 T	he Clinical Center, Bethesda	14, Maryland						
	18. CAUSE OF DEATH [Enter only one cause per line lar (o), (b), and (c).]								
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	UNKNOWN								
572.0 DUE TO									
Canditians, if any, which) (b)	15 Years								
gave rise to immediate DUE TO									
lying cause last (c)									
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17 WAS AUTOPSY PERFORMED? General Arterios Clerosis YES NO								
200 ACCIDENT WAS UNDERLYING DOBOTO OR CONTRIBUTING CAUSE OF DEATH OF IFFER NOTIFY MEDICAL EXAMINER)									
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or tawn) Haur a. m. While Nat								
Σ p. m. 19 σ	Vhile Nat while 101 1 work 01 wark								
21. I certify that I attended the dec	ceased from October	1 , 19 60, to December 4 , 1960 ,the	at I last saw the decease						
_	ADDRESS (Street, city ar town, state) DATE SIGNI								
SIGNATURE Crlandow MS	Bude	MD The Clinical Center	12-5-60						
PHYSICIANIS OF ANTO LE Mol	מ א שתדסם	National Institutes of Hea	1th						
PHYSICIAN'S ORLANDO W. McJ	BRIDE, M.D.	Bethesda 14. Maryland							
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		unly) (State)						
Burial 12-7-60	Arlington Nat.	ional Cem. Arlington, Virgi	inia						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAF							
B. DANZANSKY Y SON	15-3501-14	-N M DATE DEC 9 '60	1 & Trails						

ofter death: Page 4 D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 llaws ofter death. Page 4 may be read by the haspital or attending physician.

O FUNERAL ARECTOR: After this certificate has been signed by the attending physician and compressly filled in the funeral director, page 3 shauld be detached for use as the buriat-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriat, cremation, ar remaval, and in any event within 72 hours after death. TO FUMERAL

> VS A15 (4) 15M 10/57

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12100

CERTIFICATE OF DEATH

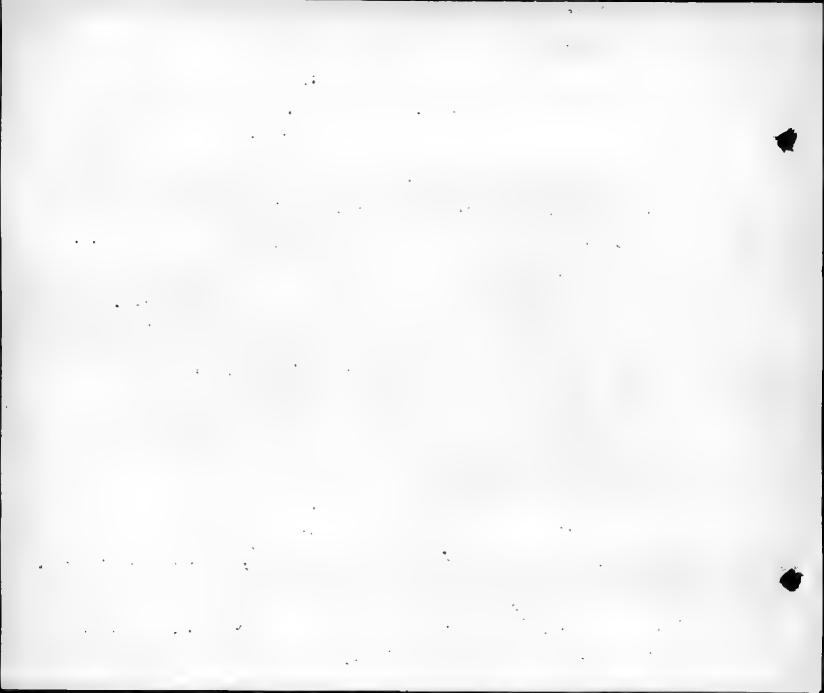
14012

				кец	DIST. NO.	
PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o STATE		If institution Re COUNTY	sidence before adr	nission)
Montgomery		Virgini	W-0-0		ugusta	
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (If or	utside corporate lin	nits, write RURAL	and give nearest t	own)
Dickerson	2 mo.	Staunt	on		X X	7
d. NAME OF HOSPITAL (If not in hospital, give stree		d. STREET ADDRESS			e. 1S	RESIDENCE
OR INSTITUTION		309 E	Betsyhel	1		NO T
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day	Yeor
(Type or print) Tda	C.	Cook	OF DEATH	13	17	1960
S SEX 6. COLOR OR RACE 7 MAI	RRIED NEVER MARRIED	B DATE OF BIRTH	9 AG		NDER TYEAR IF UN	NDER 24 HRS
Fomale White Widow	VED 🖫 DIVORCED 🗌	Aum. 11 187		birthdoy) Mon	ths Days Hou	rs Min
10a USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU		or foreign country)	12	CITIZEN OF WHA	TCOUNTRY?
during most of working life, even if retired) Housewife		Virmi	inia		U.S.	
I3. FATHER'S NAME		14 MOTHER'S MAIDEN N			0.5375	
Torre Nicewords		Rombos	ra Frank			
Isaac Nicewander Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 18	SOCIAL SECURITY NO	NFORMANT	a Frauk	Address		
(Yes, no. or Junknown) (If yes, give wor or dates of service)		Mrs. Nellie V	Viseman	Krek	eraon	Mi
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]		1		INTERVAL	
PART I. DEATH WAS CAUSED BY:	CARANA	ry 8c	0/11	124	ONSET A	ND DEATH
DUE TO	COO	1	100	7 0 - 1		DE VVLO
	Caranavil	artory	0100	ase	2,	1 11 5
Conditions, if only, which (b)(b)	Coronary	MITTEL	UISE	436	/	/ 0
couse (a), stating the under-	'	· · · · · · · · · · · · · · · · · · ·				
lying couse last. (c)						
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease con	DITION G VEN IN	PER	AS AUTOPSY REORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of	item 18.)		
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or toy	vn)	(County)	(Stote)
Hour o m. While	e Not while fo	ctory, street, office bldg , etc.			1-4//	(******)
₹ pm.	ork of work		1			
21. I certify that I attended the decea	ised fram Dec 2	, 19.60 , ta De	2.5. 1.7.	, 19 <u>6</u> Ohat	I last saw the	deceased
alive an De C 16	60_ , and that death	accurred at # COM	M, fram the c	auses and an	the date stat	ted above.
	1	20	ADDRESS (Street, c	ity or topyn, state)		ATE SIGNED
SIGNATURE VESMEN 2.	Masterio	M.D. German	Dish	hid:	Dec. 1	7,60
PHYSICIAN'S NAME (Type)			/			
220 BURIAL, CREMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or cou	nty) _{d. A.} (S	itote)
REMOVAL (Specify) 12/18/60	16 prans	000	Street	10-11	Da.	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g RECT	BY REGISTRAR	24b. REGISTRAR	'S SIGNATURE	_
111111111111111111111111111111111111111	13am - 10,	DATE D			of S. Krama	
WINT LAWY (S) HUNCH	Y STILL IN DRAIL	JUNE DAIL D	LU & & UU	C1000000	AL Mary A Common	

may be reached by the hospital or alrending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event within 22 hours after death. Fer death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPITA VS A15 (4) 15M 9/5B

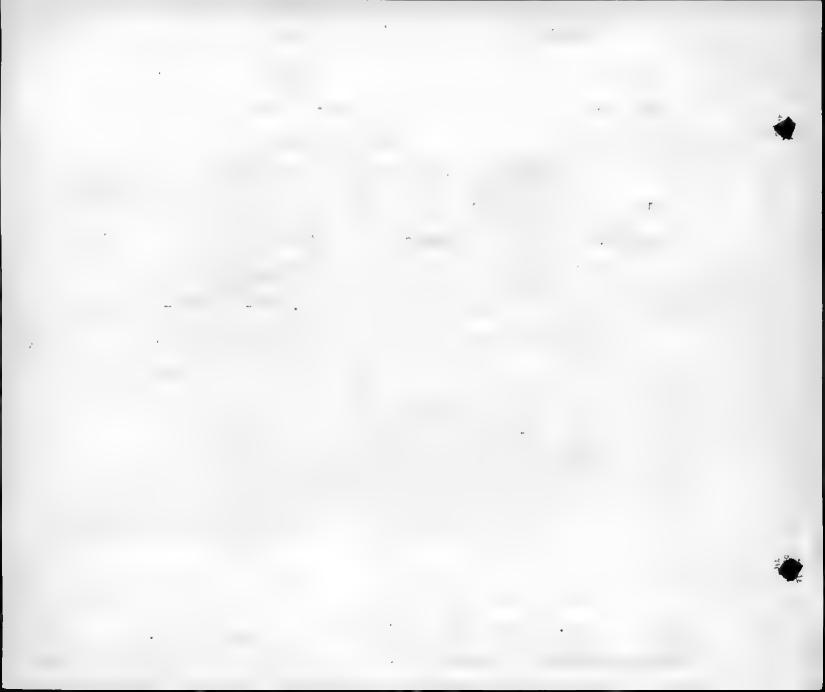


	ctar,	page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with	
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may be retai by the haspital in attending pilysician	NERAL DIRECTOR: After this certificate has been signed by the attending physician and cample	d be	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours at
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VS A15 (4) ISM 9/S8

ATTENDING PMYSICIAN: The law requires that the death certificate be executed within 24 hours. The law death Page 4

	71001	CERTIFICA	ALE OF DEATH	Reç	j. Dist. No.
	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where d	eceosed lived If institutions Re	s'dence before admission) V
А	Montgomery	MARYLAND	% STATE Maryland	b county	e George
	b CITY OR TOWN (If outside corporate limits write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write RURAs.	
	RURAL and give recrest fown) Silver Spring		Hyattsville		
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS	11 /	IS RESIDENCE ON A FARM?
250	Marilea Rest Home	600	7 43 rd Street	110~	YES NO
	3. NAME OF First DECEASED	Middle	Last 4. I	DATE Month	Day Year
	(Type or print) CHRISTAINA	ROBB CRO	MAR	DEATH 20 4	2 5 1966
	S SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF Lt fost birthdoy) Mon	NOER I YEAR IF UNDER 24 HRS
	Female White WIDOWED		Sett 2, 1867	93 yrs	Ihs Days Hours Min
	10a USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUS	THE IT. BIRTHPLACE (Slote or for	reign country) 12	CITIZEN OF WHAT COUNTRY
	House wife	own home	Scotland		USA
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME		
	Charles Robb		Ann Spenc		
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC Yes, no, or unknown [1] [If yes, give wor or dates of service]	CIAL SECURITY NO	NFORMANT	Address	
	no no non	Mrs	Marian C. Herr	- Daughter- sa	me as # 2
	IB CAUSE OF DEATH (Enter only one couse per line for	or (o), (b), and (c).]		- 10	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	2 cente	-cerilie	1 Oscero	1-
	DUE TO	2- 0			-
	Conditions, if any, which) (b)	- in	low Davit	Die Com	- Elen
	gove rise to immediate DUE TO	_	1		
	lying couse lost. (c)				
	PARE IL OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDIT ON GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED?
	5 200				YES NO
	☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	E HOW INJURY OCCURRED	(Enter nature of injury in Port I	or Port II of item 18)	
	A Hour a.m. While		ACE OF INJURY (Home, farm 20 tory, street, office bldg , etc.)	Of (City or town)	(County) (Slote
	≥ p. m 19 of work	of work			
	21. I certify that I attended the deceased	from $2-2$	cs. 1960, to 12	- 25 19 Lethot	I last saw the deceased
	alive on 1964, 1964	, ond that death	occurred at 20 4M.	from the couses and or	the date stated above
	700		ÁDOI	RESS (Street, city or town, state)	DATE SIGNED
	ACTUAL SIGNATURE	Copen	40/	Lanuara	4, KC 12-23
	PHYSICIANS		-Lel	carde in 2	120
	NAME (1990) John Rogers MD				
	=REMOVAL (Specify)	c. NAME OF CEMETERY OF	_	LOCATION (City, lown, or cou	nty) (Stote)
				nnapolis. Md.	
	23. FUNERAT-BURECTOR'S SUSTIATURE	ADDRESS	24a REC'D BY	-	'S SIGNATURE
	Hopping Funeral Rome Ann	apolis, Md.	DATE DEC 2	8 6U G.Ilma	2 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

14014

14104 Rea, Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY **b.** COUNTY MARYLAND Montgomery South Carolina C:TY OR TOWN of outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL,and give nearest town) RURAL and give nearest town) 10 days Conway d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RES DENCE ON A FARM? The Clinical Center. Bethesda 14. Md. 130h 8th Avenue YES NO TO NAME OF Middle 4. DATE (Type or print) William DEATH Earl Crowgev December 19 60 6. COLOR OR RACE 7 MARRIED NEVER MARRIED X 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED [DIVORCED [Malle White June 22, 1949 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if relired) Student None Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William P. Crowgey Betty Lindamood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address No The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Acute Renal Failure **DUE TO** Week Hyperuricemia Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the under-Acute Lymphatic Leukemia 2 Months lying couse last. PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119 WAS AUTOPS PERFORMED? YES 📆 NO 🦳 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f (City or town) (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work 21. I certify that I attended the deceased from November 19, 19 60, ta December 29, 19 60, that I last saw the deceased 19 60 _, and that death occurred at 7:00 AM, from the causes and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED The Clinical Center 12-29-60 National Institutes of Health W. WALTER OPPELT, M.D. PHYSICIAN'S NAME (Type) Bethesda lh. Maryland 220 BURIAL, CREMATION, 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) Rufferoyat Spectransit Hillcrest Cem. Conway. South Carolina 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

Bethesda, Md.

DATEJAN 3

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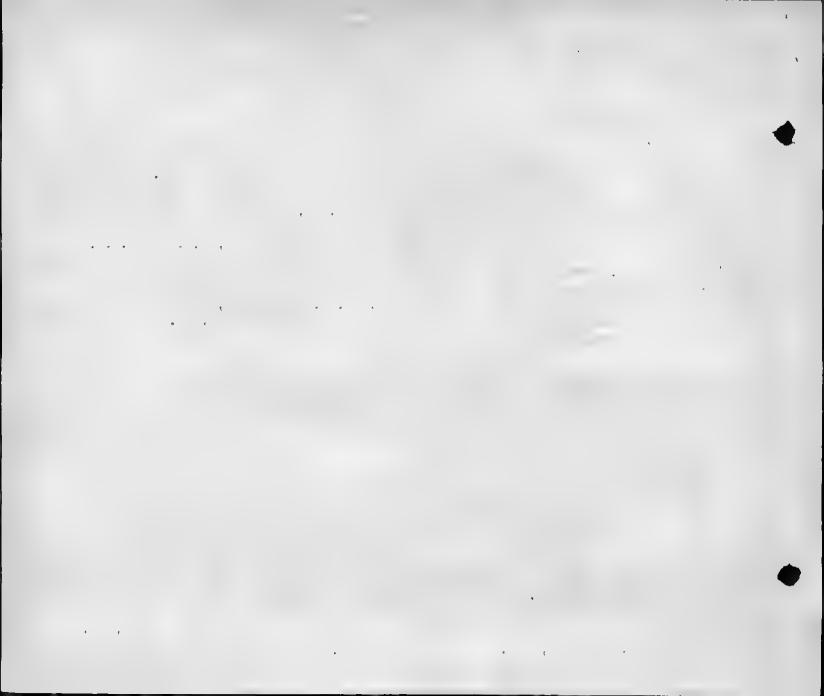
ROBERT A. PUMPHREY

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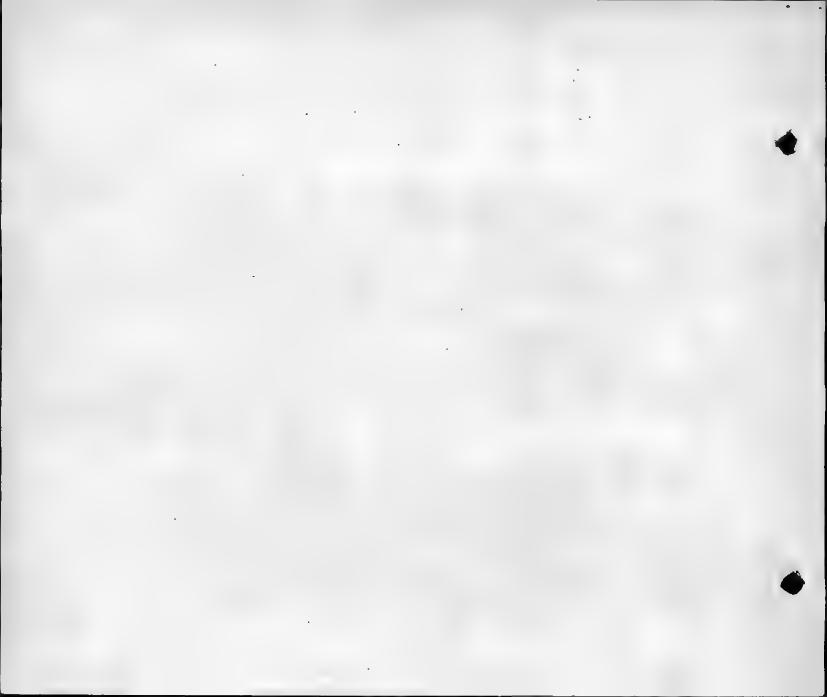
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. PLACE OF DE s nec. Idrector, Percountiles. 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ss on e. COUNTY b. COUNTY MONTGOMERY MONTGOMERY MARYLAND MARYLAND b CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 Board of write RURAL and give nearest town) SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? retained he State B 2626 CORY TERRACE 2626 CORY TERRACE YES NO X 3. NAME OF Farst M. della 4. DATE Month Dev Yeer DECEASED 100 MARJORIE ‡ AN N CUNN T NGH AM DEC. (Type or print) DEATH With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS may 2 wit lest birthday) | Months | 1575 and Hours FEMALE age 5 ma 1 and 2 v 72 hours WIDOWED [D. VORCED I SEPT. 26. 1960 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 808 done during most of working life, even if retired) IONE Pages NONE WASHINGTON. D.C. U.S.A. pages whitin PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM J. CUNNINGHAM MARY VIRGINIA EUBANKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (Ifyes give were release fservice) permit. NONE Mr. Wm. J. Cunningham, 2626 Cory Terrace with Silver Spring. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office burisk DUE TO gave rise to immediate cause U1 10 DUE TO (a), slating the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18: 19, WAS ALTOPSY PERFORMED? cremati the word Medical should be NO K CERTIFICA 20a. EXTERNAL CAUSE WAS 20b. DESCR. BE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief execute the certificate, writing to the Chie OR: Page 3 prior to bu 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f., (City or town). (Steta) fectory, street, office bldg., etc.) White Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [1]. Inspection X. Inquiry 🔏 and in my opinion forwarded to DIRECTC ated agent, death resulted from: Natural causes x Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE S DEPUTY MEDICAL EXAMINER IX EXAMINER'S DEPUT FRANK /J. BROSCHART NAME (Type) Address (Street, city, lown, or county) 22e, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) BURIAL (Specify) GATE OF HEAVEN CEMETERY 40 5 MONTGOMERY COUNTY, MD. 24e. REC'D BY REGISTRAR / 24b. REGISTRAR'S SIGNATURE SPRING. VS. A15ME DATE DEC 1 5 '60 Orthur S. Kraus 5M 7/59 1000



' A 1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	14105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg Dist. No. 14016
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) 3. CAVE.
Please Files. Health,	// only innery MARYLAND " since med " cooking ming
of He	b. CITY OR TOWN (If outside corporate limits, write RURAL and give secrest town) ond give reagest town)
rection you	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street address) d. STREET ADDRESS e IS RESIDENCE
	Buising # 30 Nat In Health 10225 Douglas Cur VES NO IN
delay e fun- retain e Stati	3. NAME OF DECEASED (Type or print) (() () First Middle 1 Lost OF DEATH () 22 19 (c.)
The De	5. SEX 6. COLOR OR RACE 17 MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9. AGE IN YOUR IF UNDER 14 EAR IF UNDER 24 HRS.
# 1 8 B F F F F F F F F F F F F F F F F F F	Male white WIDOWED DIVORCED 3-22-05 ST yrs. Months Days Hours Min
r death. 2. and 2. and 3 and 2 in 12-ha	10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? duripp most of working life, even if retired)
This P	13. FATHER'S NAME
PM3 PM3 PM3 PM3 PM3 PM3	Charles Course to Selle Barry
24 hai live P farm File p	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT THE LID. OF INFORMAL SECURITY NO 17 INFORMANT Address
rin 2 Girl f	578-07-3700 Mrs Elaine Cummy have (week) Item 2
en 18 en 18 lang v perm	18 CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
2 = 5 = 1	IMMEDIATE CAUSE (a) Colored Occurrence
f be exected in the first of th	Conditions, if any, which) (b)
ld be er's (burio er re	gave rise to immediate cause (a), stating the underlying DUE TO
hou min s a	couse lest. (c)
cote she ending of Exon steed as emains	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATIONSHIP WHILE WORKED A CONSTRUCTION LA YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATIONSHIP WAS AUTOPSY PERFORMED?
in pend dical l	1200 EXTERNAL TALISE WAS 200 DESCRIBE HOW IN LIPY OF FURRED. FERRED ROBUS of any or Part Los Road II of stone 14
ord And Med figh	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port II of Item (7) CAUSE OF DEATH.
The The short of but of	20c. TIME OF INJURY Month Boy, Year 20d INJURY OCCURRED 20r PLACE OF INJURY (Home form, foctory, street, office bldg, etc.) (County) (Slote)
MINER the C the C age 3 prior 1	P. m. 19 Oi work Ol work
A For a	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
ML E)	opinion death resulted from: Natural causes 🜠. Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗍
lical EXA hificale, v forworded of DIRECTOR: nated agent,	SIGNATURE FRANK Q - Bross Kant MD, CHIEF MEDICAL EXAMINER [] DATE SIGNED
	ASSISTANT MEDICAL EXAMINER []
Xecute 1 should FUNER r its des	NAME (Type)
0 × 4 0 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×	Survey 12-16-60 St. marys Country Washington, allo.
VS. ALSME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash 246 REGISTRAR'S SIGNATURE
5M 2/57	Francis Hoollins 3821-14th . M. W. 146 DATE DEC 1 9'60 \ min & France



TO HOSPIT. It ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have given death. Page 4 may be refer by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shalld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		-	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS —	22°C
4.	1	Α	R.	CERTIFICATE OF DEA	TI
Т.	L	ŧ/	v	CERTIFICATE OF DEA	A III III

1, PLACE OF DEATH o, COUNTY		2. USUAL RESIDENCE (Where decease o. STATE		nce before admission)			
Montgomery	Montgomery Maryland Mont						
b CITY OR TOWN (If outside carporate limit RURAL and give nearest town)	is write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Bethesda	11 days	Silver Spri	ing				
d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION	ive street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
The Clinical Cen	ter	9409 Colest	rille Road	YES NO			
3. NAME OF Fir DECEASED	st Middle	Lost 4. DATE	Month	Day Year			
(Type or print) Grace	(None) B.	Curran DEATH	December	16. 19 60			
5 SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (n years F JNDER last birthday) Months	Days Hours Min.			
Female White	WIDOWED DIVORCED	August 19, 1880	80 yrs	Days Hours Min.			
10a USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fareign	tountry) 12 C Ti	ZEN OF WHAT COUNTRY?			
Housewife	None	Wisconsin		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
George Baker		Eulalia Alling					
15 WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes, give wor or dates of se	CES? 16 SOCIAL SECURITY NO 17 11	WFORMANT The Medical	Record, Add The C.	linical Center			
No		Bethesda llı, Maryla	ınd				
IS CAUSE OF DEATH [Enter only one co	use per line for (g), (b), and (c).]	11 -1 N-		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	atenasteral	of hart deser	P.) years			
DUE TO							
Conditions, if ony, which (b							
cause (a), stoting the under-							
- In	lying couse last. (c) Part II OTHER'S GNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19 WAS AUTOPSY						
PART II OTHER 5 GNIFICANT CON 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOADSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D HONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	PERFORMED?			
200 ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port Los Po	et II of item IR.)	YES 🔣 NO 🗌			
OR CONTRIBUTING TO CAUSE OF DEATH	200 DESCRIBE HOW HAJORI OCCORRE	o, tense name of figory in torri or so	11 11 01 11841 124/				
	or 20d. iNJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f (Cil	ly or town) (1	Caunty) (State)			
Hour a.m	White Not while fo	ctory, street, office bldg., etc.)	<i>y</i>	e court (and of			
		D	F) > 2 C-	(0			
21 I certify that (I) (this haspital							
saw the deceased alive on Dec	emper Loy OU , and that a	leath occurred at 1.3 MIPMom	the couses and on the	e date stated above			
5 /	41	M D PHYS DIRECTOR	STAFF X 12/3	17/60 SIGNED			
22c VHYSICIAN'S	11/1			- A			
NAME (Type) Thomas E.	Gaffher M.D.		nical Center,				
230. BURIAL CREMAT, ON, 235 ADATE THEREC	DF . Z 23c NAME OF CEMETERY C	Institutes of F	TONYC by lawn or county)	(State)			
ATTURAL Specify Alec. 21/1	960 Rock Crus	Cemetry 7110	tshing to	A.C.			
24 FUNERAL DIRECTOR'S SIGNATURE	CIL CONTROLL AL HER	ASO REC'D BY REGIS	in Y	GNATURE .			
& while training to	34 CHOULY AT 1000	DATE	1 28	Travel			
V		*					



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY Mont gomery MARYLAND Mart 9 Cont of the rest of the Montgomery b. CITY OR TOWN I outs da corporale ym ts. e. LENGTH OF STAY IN 16 write RURAL and give nearest towny 60 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 10205 Jouthmoor Washington 3. NAME OF DECEASED OF (Type or print) DEATH AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 17. MARRIED NEVER MARRIED (est birthdey) Months remale 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Housew own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MacWilliams MUC ā (Yes, no or unknwn) | (If yes give wer or detes of service ig physician. signed by the a ransit permit. The 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) been signer rial-transit DUE TO NiperTension етта geve rise to immediate cause DUE TO (a), steting the underlying couse lest. PART I , OTHER S ON F CANT CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY priv 20e ACCIDENT WAS UNDERLYING | | 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert t or Part II of Item 18) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN, URY Month, Dey, Yeer | 20d. NJ. RY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) While Not While factory, street, office bldg., etc.) Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from 12-20. ..., 1960, to . 12-2.0..., 19.6.0, that (I) (we) last 1960, and that death occurred at SAAM, from the causes and on the date stated above. saw the deceased alive on 220 SIGNATURE STAFF ATTEND NG D RECTOR PHYS. PHYS. death Page 4 director, page 3 be filed with the 22c PHYSICIAN S 22d ADDRESS Wash, San. & Hospital, Takoma Park, NAME (Type, STUART L. NFLSON

123c. NAME OF CEMETERY OR CREMATORY

a. IS RES DENCE ON A FARM

YES NO K

1960 IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO Fid

> > 22b. DATE

(Stata)

SIGNED

(County)

23d LOCATION (City, town or county)

25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

MONTGOMERY COUNTY, MARYLAND

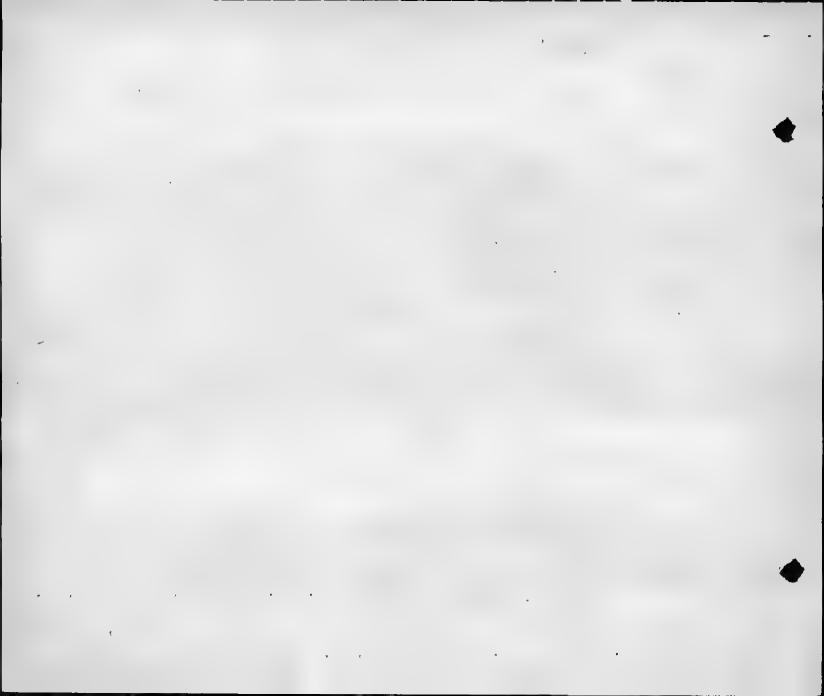
VR A15 (4) 15M 9/60

23a. BURIAL, CREMATION, 1 23b. DATE THEREOF

12/23/60

MRa

REMOVAL (Specify)



VR A15 (4) 15M 9/59

1	1. PLACE OF DEATH COUNTY Montgomery Maryland	2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) of STATE b. COUNTY Nary_and
	b CITY OR TOWN (If autitude carporate fimils, write RURAL and give nearest town) Takoma Park	College Park
1	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington Sanitarium & Hospital	d. STREET ADDRESS 9030 48th Place e. IS RESIDENCE ON A FARM? YES NO
amiyi	NAME OF DECEASED (Type or print) Reta May Dalziel	Last 4 DATE Month Day Year DEATH December 2, 1960 19
	female white widowed Divorced	B. DATE OF BIRTH 12/29/85 9 AGE (In years IF JNDER 1 YEAR F UNDER 24 HRS loss birthday) 74 yrs Manths Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	Washington, D.C. U.S.A.
	William Atkinson	Millie Day
	(Yes, no, or unknown) (If yes, give wor or dates of service)	ospital Records
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last. DUE TO (b) Generalized h	vpartensive cardiovasa des 10 yrs. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES IT NO F
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PL	CE OF INJURY (Hame, form, 20f. (City or town) (County) (State tory, street, office bldg , etc.)
	220 SICHARLIER	eath accurred at 7.1 M, from the causes and on the date stated above ATTENDING MED DIRECTOR STAFF PHYS 22d ADDRESS
	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY O REMOVAL (Specify) 12/5/60 GLENWOOD 24 FUNERAL DIRECTOR'S SIGNATURE 290 ADDRES th St. The S.H. Hines Co. Washington 9.	Cemetery Washington D.C. N.W. 250 REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE



er death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

11020

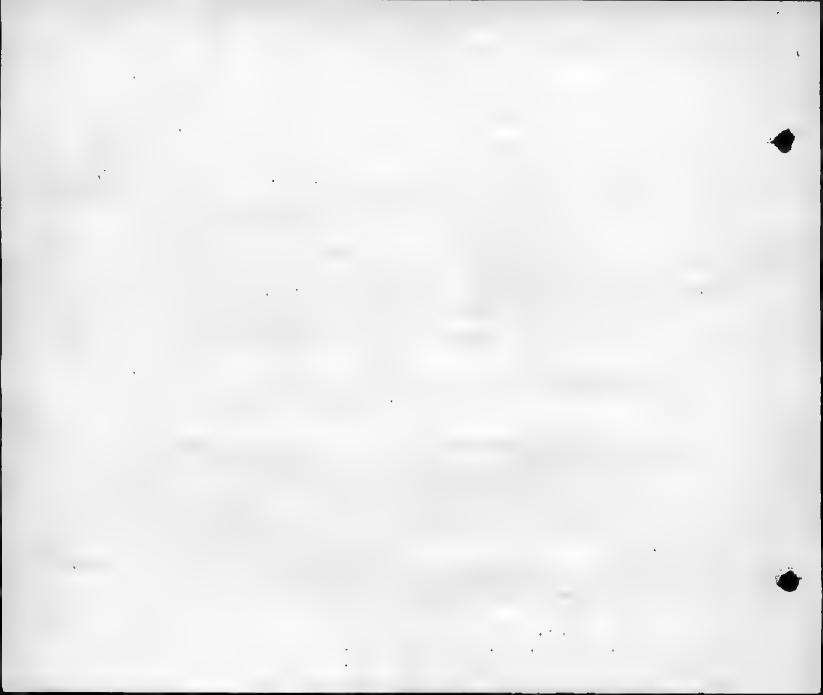
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		4.50	400	ale.		
w.	4	43	48	gra.		
e.	4.4	8.8		diam'r.		
в.	-	N . R				

	141116 CERTIFICATE OF DEATH
	1. PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) O. STAYLE D. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) O. STAYLE D. COUNTY MARYLAND
,	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) 4 Worths LENGTH OF STAY IN 1b CONTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If hot in hospital/give street address) OR INSTITUTION d. STREET ADDRESS OR INSTITUTION d. STREET ADDRESS ON A FARM? YES \(\sum no \(\sum \)
	3. NAME OF DECEASED (Type or print) Sadie Dancie Dancie OF DEATH Pecember 11 1960
	S SEX 6 COLOR OR RACE 7. MARRIED PREVER MARRIED B DATE OF VIRTH 9. AGE (In years lost birthday) Months Days Hours Min
	100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hove wife Pennsylvania 12. CITIZEN OF WHAT COUNTRY Pennsylvania
I	TO FATHER'S NAME Morris Seif 14. MOTHER'S MAIDEN NAME Frank Frank
	18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18 yes, give war or dates of service 579-48-0875 Henry Arnin Dansiger - Same
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO
	Conditions, if only, which gove rise to immediate couse (a), stating the under-lying couse lost. Carcinomatosis Carcinomatosis Carcinomatosis Carcinomatosis Carcinomatosis Carcinomatosis Carcinomatosis
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)
	C TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED Hour o m. 19 Of work of work 19 Of
	21 I certify that (I) (this has provide) attended the deceased from 10/2 b 1960, to 12/11 , 1960, that (I) (vs) loss saw the deceased alive on 12/9 1960, and that death accurred at 5/4M, from the causes and on the date stated above
	220 SIGNATURE ATTENDING MED STAFF SIGNER 225 DATE SIGNER
	22c Physician's NAME (Type) Armon A. Cairo 22d. ADDRESS Georgetown Univ. Hosp Wash. D.
	230 BURIAL CREMATION, 236 DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (Slote) REMOVAL (Specify) BURIAL DEC 13,1960 KING DAVID MEMBERS FALLS CHURCH VQ.
	24 FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE DEG 1 4 '60 CHARLEST ADDRESS DATE DEG 1 4 '60 CHARL

may be rented by the hazpital ar attending physician.

TO EUNER IL BIRICTER: After this care ficate Bas been signed by the ottending plysician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit perm to Their please remove carbon pages? Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death TO HOSPITA VR ATS (4) 1SM 9/59





22c. NAME OF CEMETERY OR CREMATORY

WARRENTON CEMETERY

SILVER SPRING. MD.

22d LOCATION (City, town, dycounty)

24a, REC'D BY REGISTRAR

WARRENTON, VIRGINIA

24b. REGISTRAR'S SIGNATURE

Civiling & Harris

(Stole)

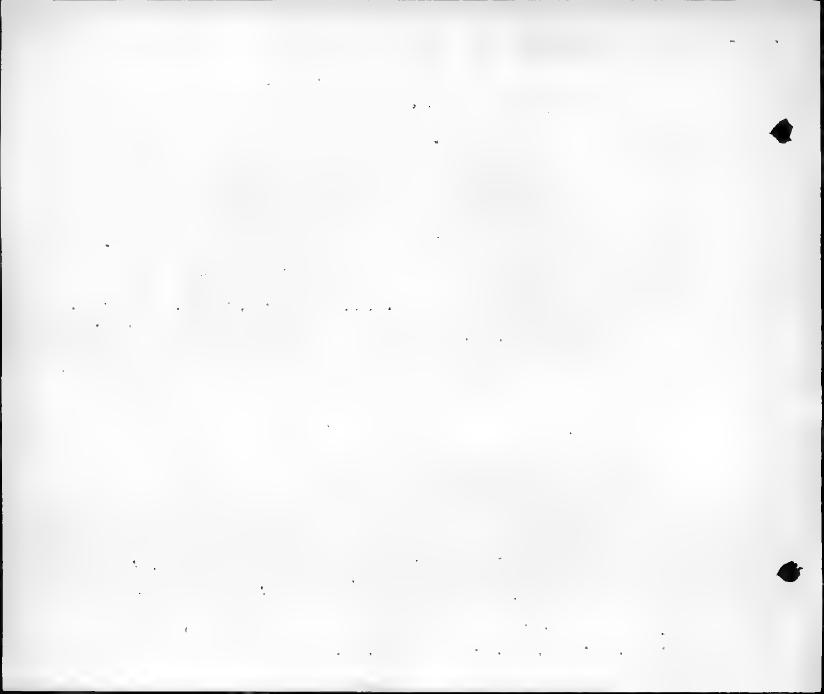
0 VS A15 (4) 15M 9/58

220. BURIAL, CREMATION. 226 DATE THEREOF

12/14/60

REMOVAL (Specify)

BURIAL



FOR STATE HEALTH DEPT

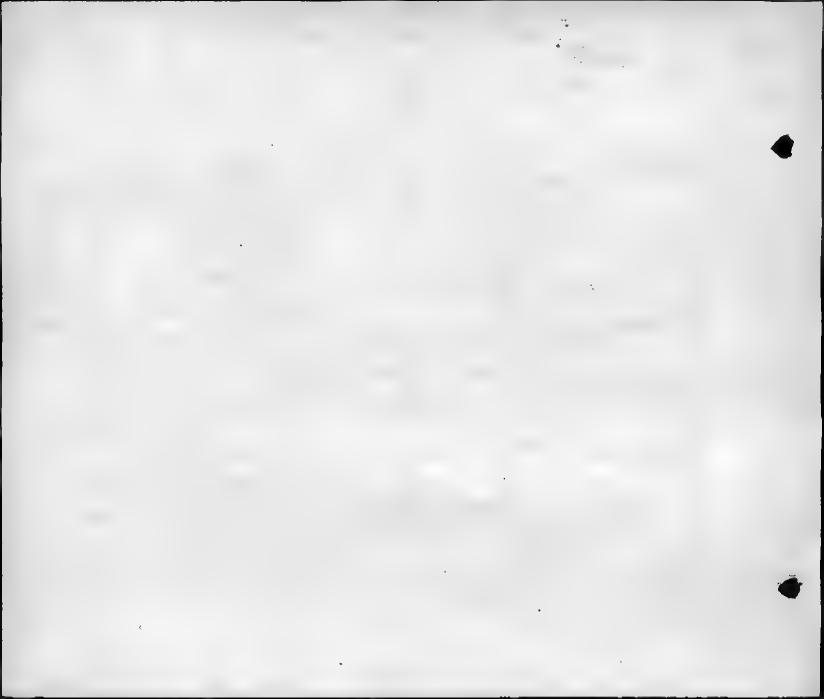
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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L	*	ŧ	ľ	2	3

			Kag, Dist No.
1. PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased fixed If institution	on: Residence before admission)
Montgomery	MARYLAND	STATE Maryland b COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, with RiyEAL and diverseporate forms)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write R	URAL and give neurest town)
Bethesda	8 hrs.	S Kensington	
d NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d STREET ADDRESS	e IS RES DEN E
Suburban Mospital		4025 Plyers Mill Rd	YES NO
3. NAME OF First DECEASED (Type or print) Susie	Middle	Lost 4. DATE Month OF DEATH DEC.	Doy Year 23 19 6
Col WIDOWE		9/15 1890 70 Yrs.	FUNDER TYEAR IF UNDER 24 HPS Months Days Hours Min.
106. BSUA-OCCLPATION (Give kind of work done 10b during most of working life, even if retired) HOUSEWILE	KIND OF BUSINESS OR INDUSTR	11 BIRTHPIACE (Stole or foreign country) Wash. D.C	U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Unknown		Lydia Thomas	
15. WAS DECEASED EVER NO S ARMED FORCES? 16	SOCIAL SECURITY NO 17 IN	IFORMANT Address	
No.		Daughter Same as Abov	ve
18. CAUSE OF DEATH [Enter only one course per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RE	for (o), (b), end (c)] espiratory fail:	ure	INTERVAL BEDWIEN ONSET AND DEAT 4
Conditions, if ony, which gove fine to immediate cause (a), stating the underlying couse lost	erebral Vascule	r Accident	2 days
PART H. OTHER SIGNIFICANT CONDITIONS CO. Diabetis 7 yr	rs.	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRED (EA	nter nature of injury in Part I or Part It of item 18.)	
Hour o, m. 19 of wi	e Not while facto	E OF INJURY (Home, form, 20f (City or town) ry, street, office bldg., etc.)	(County) (State)
21. I certify that I took charge of the opinion death resulted from. Natural			Inquiry (2), ond in my
ACTUAL SIGNATURE SIGNATURE	Browhart		DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Brose	hant	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL DEPUTY MEDICAL DEPUTY MEDICAL DEPUTY MEDICAL DEPUTY MEDICA	2/24/60
220 BURIAL CREMATION 226 DATE THEREOF 12/26/60	22c NAME OF CEMETERY OF A		county) (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE	Rockville,	I SAN 3 (6)	RAR'S SIGNATURE

THE DEPUT. | DICHLEX MINER: This certificate the lide executed within 24 hours offer death. If any delay is recessory please execute | infiliate withing the word "pending" in pending in tem 18. Give Pages 1, 2, and 3 to the form if rector. Page 4 should be torwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your fles.

TO FUNERAL DIRECTOR: Page 3 should be used on a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barrial, ar removal, and in any event within 72 hours after death. VS A15ME SM 2 '57



Parklawn Cemeterv

Bethesda, Maryland

ADDRESS

Rockville, Maryland

24g, REC'D BY REGISTRAR

DATE DEC 6

24b REGISTRAR'S SIGNATURE

Cothun & House

VSS TO HOSPIT OR ATTENDING PHYSICIA WEY may be recorded by the hospital or offer SS TO FUNERAL DIRECTOR: After this certification was east

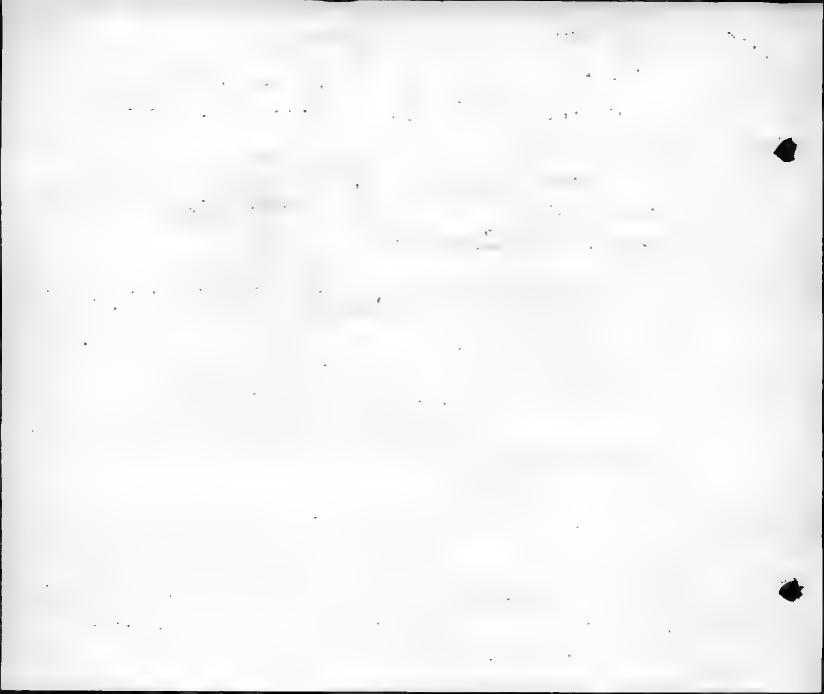
Burial

Robert A.

23. FUNERAL DIRECTOR'S SIGNATURE

/6/60

Pumphrev



	CEKTIFICA	ALE OF DEATH							
-	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)							
3	Montgomery MARYLAND	Mary land b. COUNTY Montgomery							
	b. CITY OR TOWN (If autside carparate fimits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	1							
	Takoma Park 12 hours	Takoma Park							
1	d. NAME OF HOSPITAL (If not in haspitat, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?							
Ly	Washington Jant Hospital	10 Valley l'en' Ave 1 YES NO							
	3 NAME OF Prist Middle Middle	Last St. 4. DATE Month Day Year							
	(Type or print) Harry William	Detrich DEATH December 18 1960							
	5 SEX 6. COLOR OR RACE/ 7. MARRIED NEVER MARRIED	() / / - / / / Idst birthday) Months David House Man							
	Male White WIDOWED DIVORCED	11/23/7/ 63 10							
	100. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life even if retired)								
	Ketired Civil Service	l'ennsylvania U.S.H.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	Henry Detrich	Rose Klink							
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes, no, or unknown] [(If yes, gave war or dates of service)	INFORMANT Address							
	Yese World War I 1	U.S. Hospital Recerds							
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (e).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occite con Coco	revenue ascie 1 12hr.							
	DUE TO Theoreture is c	my recolded wifaction							
	Conditions, if any, which) (b) Physical de	lucis fruen (30-91).							
	gave rise to immediate cause (a), staling the under DUE TO								
	lying cause last (c) acculating all	hyperlangue (and who - consected 20-30 2							
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT OF RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
ì	CAT	YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BY 200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)							
		PLACE OF INJURY (Hame, farm, 20f (City or tawn) (Caunty) (State factory, street, office bldg , etc.)							
	Hour a m P. m. 19 While Nat while at wark at wark								
	21 I certify that (I) (this hospital) attended the deceased from	n August 1956, to 12-18-, 1960, that (1) (we) last							
	saw the deceased alive an 12- 18/ 1960, and that	death accurred at 122pm, from the causes and on the date stated above.							
	22a SIGNATURE	27b DATE SIGNED							
	Curco Harrier	MD PHYS. DIRECTOR PHYS 12-18-400							
	22c PHYSICIAN'S NAME (Type)	27d ADDRESS Chillen and Pl							
	FRNEST I. MARINUN	9001 Calistule La. sleger of rery, in							
	23g. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY	11/2 7							
	facial NIC XIII/EU COUNTER	The state of the s							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. PEC D BY REGISTRAR'S SIGNATURE							
	+ Urley Walley 254 Caush &	T N.W. DATE							

£ .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO HONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to burial, ar removat, and in any event within 72 haurs after death.

-

J. F.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14110

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission Q COUNTY "District of Columbia OUNIY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days Bethesda Washington NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION The Clinical Center, Bethesda 14, Md. 1)11 "C" Street. N.E. YES NO 20 NAME OF Middle 4. DATE Lost Month DECEASED Day Yeor Raymond Lee 10 60 (Type or print) Dorsev DEATH December 77 5 SEX 7. MARRIED NEVER MARRIED T 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Mala White WIDOWED [DIVORCED T February 14. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Bank Teller Banking Washington, D.C. U.S.A. 13 FATHER'S MAME 14. MOTHER'S MAIDEN NAME Edward Dorsey Florence Jenkins AS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT The Medical Record Address 16. SOCIAL SECURITY NO (If yet, man wor or detail of service) No The Clinical Center, Bethesda 14. '-LЩ-3700 Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Uremi a IMMEDIATE CAUSE (6) months DUE TO Diabetes Mellitus Conditions, if ony, which 24 years gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$[63] \$19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour g. m. factory, street, office bldg., etc.) While Not while of work of work P m 21 I certify that I attended the deceased from November 26, 19 60, to December 11 1960, that I last saw the deceased , and that death occurred at 7:32PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE The Clinical Center National Institutes of Health PHYSICIAN'S NAME (Type) Hibbard E. Williams. M.D. Bethesda lu. Maryland 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) REMOVAL (Specify) 12-14 -60 Cedar Hill Suitland Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Lee Funeral Home - Washington D.C. DEC 1 4 '60 Critical S. Trans



Outlin S. Kraus

DIVISION OF	STATISTICAL RESEARCH A	ND RECORDS BALTI
14111	CERTIFICA	TE OF DEATH
e of DEATH DUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Virginia
TY OR TOWN (If outside corporate limits, write JRAL and give negrest town) Betnesda	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF

2-2-60	***	
2. USUAL RESIDENCE (Where d	eceased lived. If institution	n. Residence before admission
o. state Virginia	b. COUNTY	Norfolk
varginia		NOTIOLK

PLACE OF DEATH	-	9 () 11		' ' "		ENCE (Whe	ere decease	d lived If institut		nce befo	ore admissi	ion)
Mont	gomery		MARY	LAND	o. STATE	ginia		b. COUNTY	Nor	folk	č .	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Language Langu					c CITY OR TO	OWN (IF ou	utside carpa	rate limits, write l	RURAL ond	give ne	grest lown)
Bethes	Norfolk 83 X = -											
d. NAME OF HOSPITA	d. STREET AC	DRESS					e. IS RESI	DENCE FARM?				
	nical Cente	r, B	ethesda 14	Md.	1021 I	Balvie	ew Ave	enue				NO 😿
NAME OF DECEASED	Fir	it	Middle		Last		4. DATE OF	Мон	nth	Do	ay Y	feor
(Type or print)	Alice		Roosevelt		Dozier		DEATH	December	r	1	1	9 60
SEX	6. COLOR OR RACE	7. MARR	HED X NEVER MARRI	ED 🔲	8. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDE		IF UNDE	
Female	White	WIDOWE	DIVORCE	□□	March 9,	, 1905	5	55 y	Months	Days	Hours	Min.
on USUAL OCCUPATIO	ON (Give kind of work of ing life, even if retired)	done 10b	KIND OF BUSINESS C	R INDU	TRY 11. BIRTHPLA	CE (Stote o	or foreign c	ountry)	12.CI	NZEN O	F WHAT C	OUNTRY?
Saleslad			Store		V	rgin	ia		1	U.S.	A .	
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Samuel T	yree				Lydia	Cher	rry					
S. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17 IN	FORMANT The	Medi	ical]	Records	dress			
NO	70 yes, give wer or section of at		29-03-2105	Th				Bethesda		Mar	yland	ii
	TM [Enter only one co		ne for (0) (b), and (c)]	0 20						ERVAL BE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	(5)	Remotive	2	des 1/2						321 7(142	DEATH
1 (+1)	DUE TO		9	ſ ~								
	nditions, if ogy, which) (b) (aut ante minimales)											
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200 ACCIDENT WA	200 ACCIDENT WAS JNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING 200 CAUSE OF DEATH											
(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
20c TIME OF INJUR	Y Month, Doy, Yes		NJURY OCCURRED	20e PL	ACE OF INJURY (H	ome, form,	20f (Cit)	y or town)		(County)		(Stote)
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NAME (Type)	J.W. Gilbe	rt M	.D.				ariona	ar Instil	vutes	UI	Heal	th
30 BURIAL, CREMATIO	N. 23b. DATE THEREC)F	23c NAME OF CEM	ETERY O	R CREMATORY			TION (City, town,			(Stote	e)
rigration					m Cemet		N	orfolk,	, Vii	rgir		,
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may be retained. If the haspital ar attending physician.

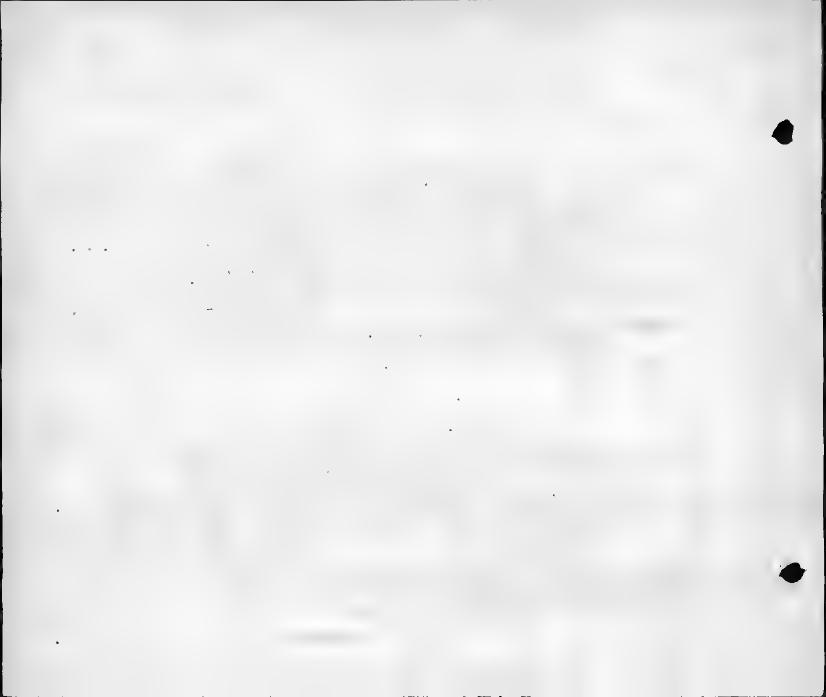
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, with the State Board of Health prior to burial, cremation, ar removal, and in any event, with the State Board of Health prior to burial, cremation, ar removal, and in any event, with the State Board of Health prior to burial, cremation, ar removal, and in any event, with the State Board of Health prior to burial. TTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours TO HOSPITAL

death Page 4

VR A15 (4) 15M 9/5≣



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Red Dist. No. HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission . COUNTY Poge files. Health, Montgomery **6 COUNTY** MARYLAND Montgomery. b. CITY OR TOWN III outside corporate timits, wire RURA. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Bethesda 1 day A hours Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDEN E ON A FARMY Suburban YES NO G Glenwood Road 3. NAME OF Sirat Middle Year DECEASED OF (Type or print) Catherine develle DEATH Drayton 1960 5. SFX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years IF JNDER TYPAR IF UNDER 24 HRS lest birthday) Months Hours WIDOWED IT Female White DIVORCED [7] 82 2, and 2 and 2 and 2 and 2 10a. USJAL OCCUPATION [Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 32 CIT ZEN OF WHAT COUNTRY? during most at warking life, even if retired)
At Home Retired Aiken, South Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Elliott Drayton Jessie Rowan E. Mackay 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT none Hospital Records - Bethesda, Md. 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c) ONSET A 10 DEATH PART I, DEATH WAS CAUSED BY: Irreversable Brain Pamage IMMEDIATE CAUSE (a) Office **DUE TO** Cerebral Anoxia Candit'ans, if any, which gave rise la immediate cause DUE TO (a), stating the underlying Caddiac Arrest cours fost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Fracture of rt hip PERFORMED? NO P 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of item 18.) PRIMARY D or CONTRIBUTING 15 Fell down 3 steps at home Month, Day, Year 20e PLACE OF INJURY (Hame, farm, 20f (City or tawn) (County) (State) While Not while Coat wark at wark at wark factory, street, office bldg., etc.) 6.7 5PX Bethesda. 5M 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [], Inquiry [], opinion death resulted from. Natural couses . Accident . Suicide . Homicide . Undetermined manner should be forwarded FUILERAL INTECTOR: ACTUAL DATE SIGNED SIGNATURE **EXAMINER'S** T2/8/60 Frank J./Broschart DEPUTY MEDICAL EXAMINER NAME (Type) 220 BUR.A. CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Cremation Tincoln Cramatory Prince Georges Co. 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE



FOR STATE MEALTH DEPT. TO DEPUTY COICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defendessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funera, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

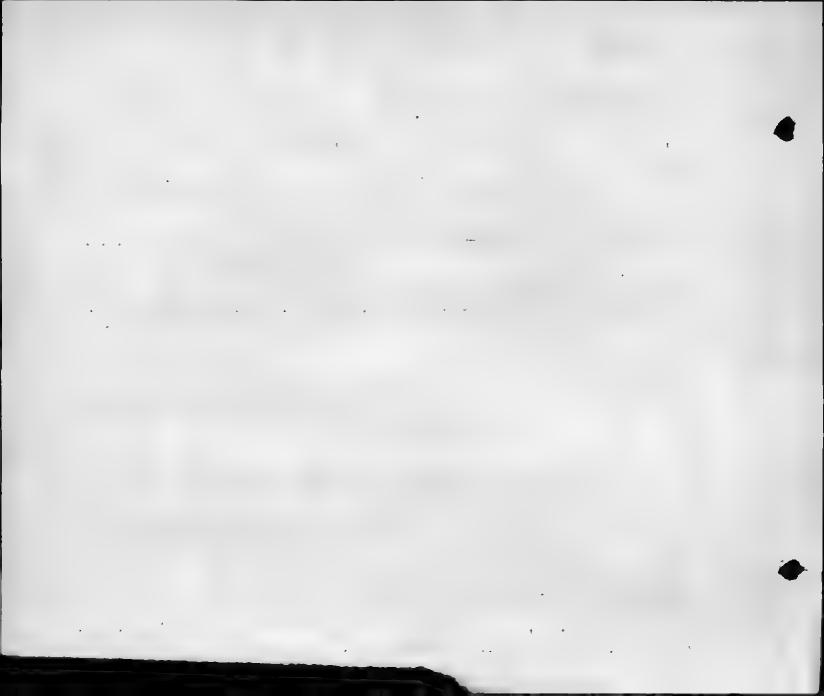
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File press. 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

	140)()7 M	EDICAL	EXAMIN	ER'S	CERTIFIC	ATE OF	DEATH	JAL I, MAR	14(129
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	b. CITY OR TOWN I Write RURAL and SILVER SI	give nearest town	lim is,)	5 yrs.	/ IN 16		VN (foulside co	rporate limits, write	RURAL end give	nearest lown)
1		TAL OR INSTITUTION		pital, give street addre.	55)	d. STREET ADDR	ESS		j	I A. IS RESIDENCE ON A FARM? YES NO M
	NAME OF		First	Midd e		Last	4. DATE	Manth	Dey	
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	SEX ALE	6. COLOR OR R	7. MARRIE	D NEVER MARRIED DIVORCED		DATE OF BIRTH 10/14/94		9. AGE (In yeers last birthday) 66 yrs.	Months Doys	IF UNDER 24 HRS. Hours Min.
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15.	WAS DECEASED EV	ER IN U.S ARMED	FORCES7 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT		Address		•
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Ш	Condition 18 and		: TO	/						
Н	Conditions, if any gave rise to immedi	ela cause	(Ы)	· · ·			-		~	
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ATION		SIGN F CANT CO	SND'T ONS COP	TRIBUT NG TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEASE	E CONDITION ĞIV	EN IN PART 1/e'	19. WAS AUTOPSY PERFORMED?
DE.	20e EXTERNAL CA	LUSE WAS	206. DESCR	BE HOW INJURY OCC	URED. (Ent	ar natura of Injury fo	Part I or Part II o	of item 18.)		I IN K
8	PRIMARY or CO									
3	20c. TIME OF INJU	IRY Month, Des	, Yeer 20d.	NJURY OCCURRED 1 2	Do. PLACE	OF INJURY (Homa,	farm, 20f. (Ci	ty or town)	(County)	(Stata)
VED.	Hour a.m.		While 19 al wor	Not While	factors	y, street, office bldg.,	, atc.)			
				ains described abo	ve, held	en Autopsy	, Inspection	, Inquir	y 📝, and	in my opinion
	death resulted f	rom: Natura	l causes 📆	Accident,	Suicide	e 🔲, Homici	de 🔲, U:	ndetermined m	anner 🔲	
CHIEF MEDICAL EXAMINER										
	ACTUAL SIGNATURE	Trank	4. 132	materit	`	MD ASSISTANT	MEDICAL EXAMI			DATE BIGNED
	EXAMINER'S NAME (Type)	FRANK 5	. BROSCH	ART			fCAL EXAMINER		2-/5-	6-0
22a.	BURIAL, CREMATIC REMOVAL (Spacify)		HEREOF	22c. NAME OF CEME	TERY OR C		_	ITION (City, town,	or country)	(Stata)
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23.	WARNERECE	PUMPHRE	Y, INC.	Silver Spi	ing,	VIA I	REC'D BY REGIS		STRAR'S SIGNAT	URE
-	Kayme	- (1 /	J. 3/16	ska		94	EC 1 9 '60	C-1	a Taraka Kal	



DATE SIGNED

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

ACTUAL SIGNATURE

Dr. James Kerr BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OF CREMATORY

Damascus, Md.

22d. LOCATION (City, town, or county) (State)

Buria 23 FUNERAL DIRECTOR'S SIGNATURE

.1940 ec./3 Jennings Chape **ADDRESS**

DEC 1 5 '60

Howard County 246 REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE

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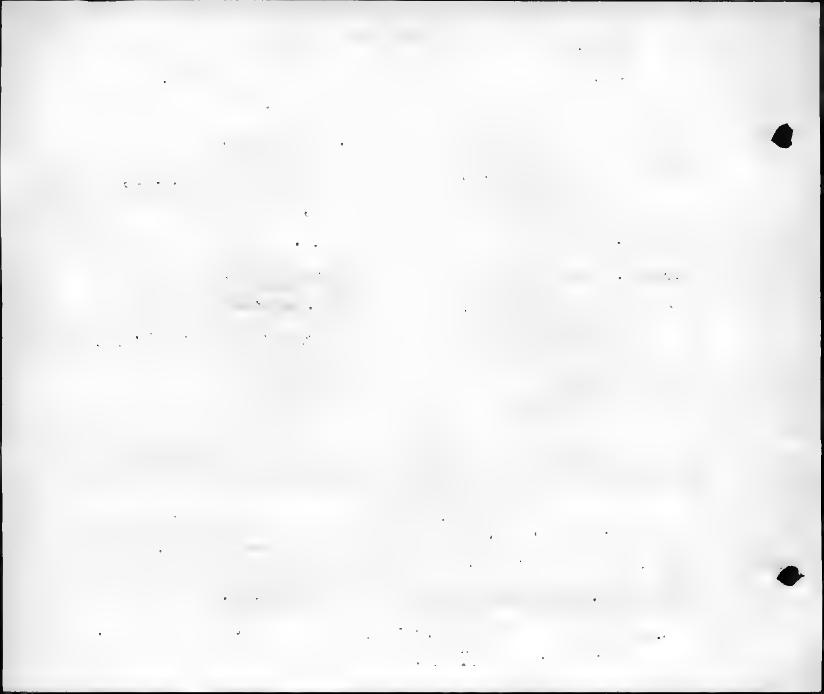
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LAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

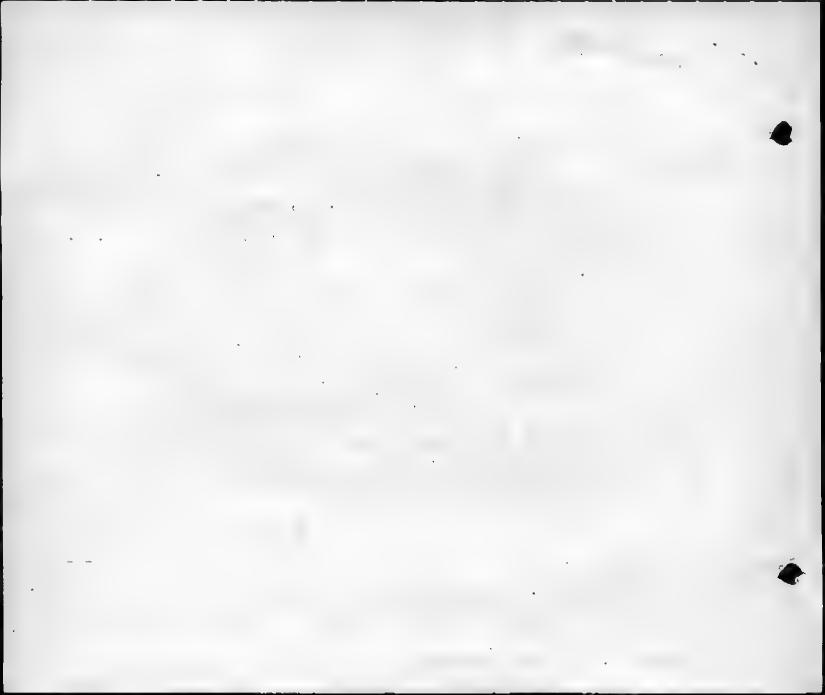
PLACE OF DEATH

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2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o STATE Maryland n. COLNTY b COUNTY Montgomery MARYLAND Montgomerv b. CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rockville d. NAME OF HOSPITAL (If not in haspital give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION 200 Harrison Street Suburban Hospital YES NO PO NAME OF Middle Manth Year OF 6. 60 JOHN ARTHUR ENGLAND Dec. (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 76 yrs Dec. 25, Months Hours 1883 White Male DIVORCED [WIDOWED [7] 10g USLAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Baliff Rockville, Maryland S. Circuit Court 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Griffith John G. England WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address Son England Owings Rockville, M d. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dur Canditions, if any which gave rise to immediate cause (a), stating the underlying couse last. Col Gal PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT 19 WAS AUTOPSY PERFORMED? YES KI NO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month 20e. PLACE OF INJURY (Hame, farm | 20f. (City or town) Day, Year 20d INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) a. m While Nat while at wark al-work 21 I certify that (I) (this hospital) attended the deceased from. 1800 to Little 6 and that death accurred 15 1/2M, from the causes and on the date stated above. saw the deceased alive on A 22b, DATE 12-6-60 GNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS. MD 22c PHYS C AN 22d. ADDRESS NAME (Type Wood Lane, Kockville, Md. 230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, or county) (State) REMOVAL (Spec fy) **′**8/60 Rockville, Maryland Burial Rockville Cemeterv 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey Chilling S. Thous DATE DEC 8

director, med with eq sago cample paper puo physician remove thending please ō þ gned per ronsit Leel attending

may be reta I by the TE FINERAL DIRECTOR:
page 3 shavid be detact page 3 the State VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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G. MUTH, LI	r, MC, USN	U. S. No	aval Hospi	tal, Bet	thesda, M	l.
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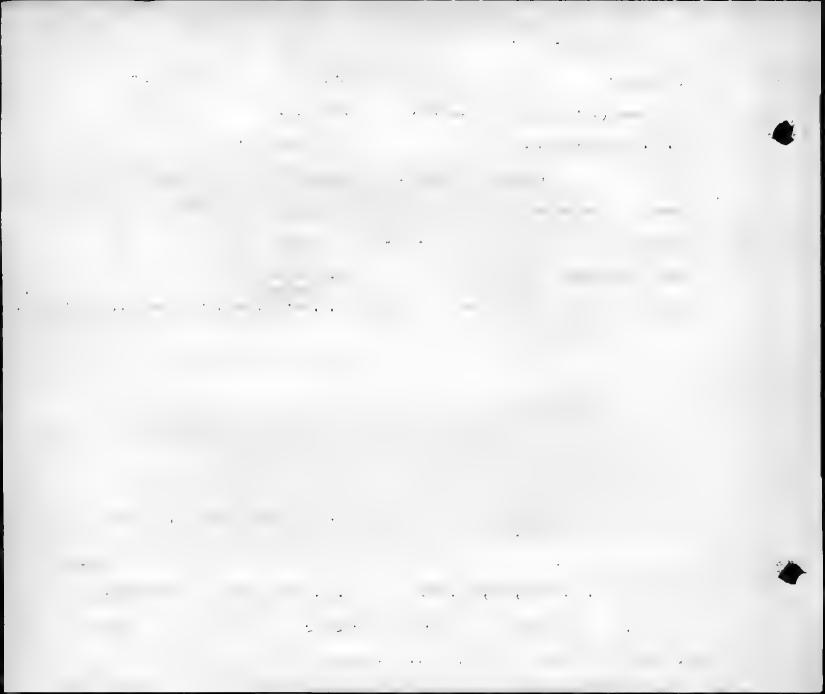
TO FUNER A CENTRAL FOR the haspital or attending physician.

TO FUNER A CENTRAL DIRECTOR: After this certificate has deem signed by the attending physician and campletely fit, ed in by the function of Funeral director.

POSS 3 shauld be detached for use as the burial-transit permit. Then please remove carbox-papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, an removal, and in any event, withing 2 hours often death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VR A15 (4) 15M 9/59

TO HOSPITAL

er death. Page 4



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CERTIFICATE OF DEATH

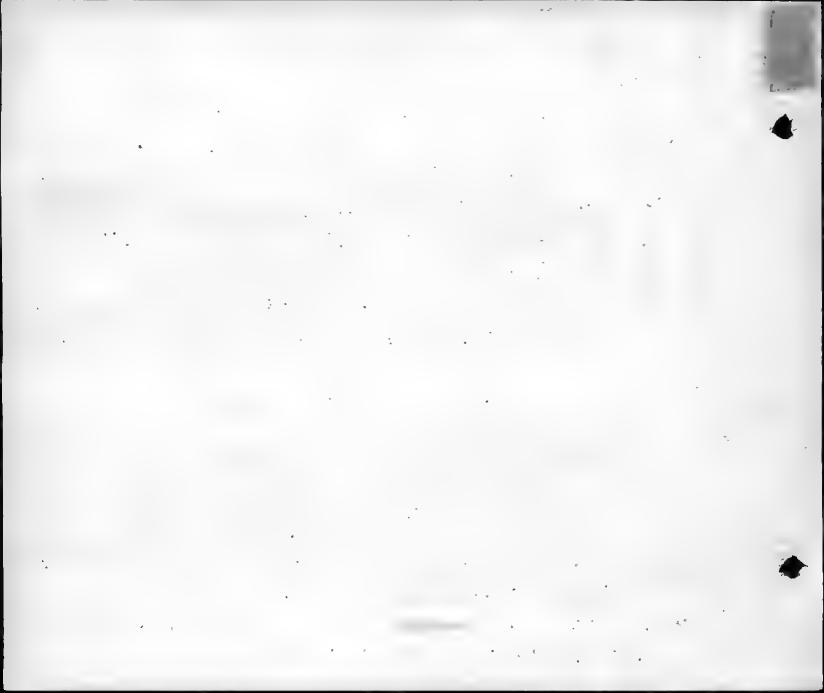
14034 Reg Dist. No.

	1, PLACE OF DEATH o, COUNTY			deceased lived. If institution Reside	ence before admission)
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	b CITY OR TOWN (if curide carporate fimils, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs	ide corporate limits, write RURAL and	give nearest lower
	Silver Soring	& years	Silver 5	Sprina 1	5
4	d NAME OF HOSPITAL At not in hospital give street as		d STREET ADDRESS	1	IS RESIDENCE ON A FARM?
	201 QUAINT ACRES DRIVE		201 Ouc	aint Acres Dri	YES NO D
	3. NAME OF First	Midd1e	Lost 4	. DATE Month	Day Year
	(Type or print)	Daniel	Feick	OF DEATH Dec.	7 1960
	5. SEX 6. COLOR OR RACE 7. MARRIE		B DATE OF BIRTH	9 AGE (In years IF UNDE	ER 1 YEAR IF UNDER 24 HRS
	Male White WIDOWED	<u></u>	14/1/12 1875	lost birthdoy) Months	Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. K	(IND OF BUSINESS OR INDU:	STRY IF BIRTHPLACE (Stote or	foreign country) 12.CI	TIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) Barber (Self-employed	d) BARBER	Pa.		7.S.A.
\	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
	Christing Frink		unknown		
		OCIAL SECURITY NO. II	NFORMANT	Address	
	(Fes, no. or unknown) (If yes, give wor or date of service	6 28 7564 6	estrado Mate	une chier c	world Md
	18. CAUSE OF DEATH [Enter only one cause per line	9 117	ereprine i jeie	3//45/ 3/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	10024 101	information	. M	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	100014181	1110361101	1	/ /jour.
	DUE TO	- ALL AND 41.	1		1
	Conditions, if any, which gove rise to immediate (b)	POPLALY (1)	TEVALIOSIS		(D) p.(v
	couse (a) stating the under lying couse lost.	mentancine	arteriosch	Anacie	Van
		ONTRIBUTING TO DEATH BUT	<u> </u>	L DISEASE COND TION GIVEN IN PA	ART 1(a) 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDIT ON CO	SINTERIORINO TO BEARING GOT	(AG) KERVED (G 1) IF JEWING	EDISTRIC CONDITION ON EIN IN TH	PERFORMED?
1	" 200 ACC DENT WAS UNDERLYING TO 201 DESCE	PIRE HOW INITIDY OCCUPE	D (Enter nature of injury in Por	t I no Part II of Ham IR I	YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE NOW HUGKI OCCORRE	center adiose of rapidly in For	TOTAL II OF PER 18.3	
	5 20c. TIME OF INJURY Month, Day, Year 20d. IN.	1 4	ACE OF INJURY (Home, farm,	20f (City or town)	(County) (State)
H	5 20c TIME OF NIURY Month, Day, Year 20d. IN. Haur a.m. p. m. 19 at work	1101 741118	tory, street, office bldg., etc.)		
	21. I certify that I attended the decease	d fram March	1 19.56 to De	1960,that I I	last saw the decoased
	alive on Dec 7 196		accurred at 8:50 AA	, fram the causes and an th	he date stated above
	1	A A		DRESS (Street, city or town state)	DATE SIGNED
	SIGNATURE Paymond Sr	edshow	M.D. 345 2:	inversity Bly	d. WET 12/1/6
	0 /		. /		-7
	NAME (Type) RAY THORA BY	IdS/IZW	Silver S	pring, Mai	
	220. BURIAL, CREMATION 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	d LOCATION (City town, or county)) (Stote)
	TRANSA WE BURIAL 12/10/60	VERSAILLES CEN	ETERY	McKEESPORT, PENNS	SYLVANIA
	23 ENERAL DIRECTOR'S SIGNATURE Y . INC.	STLVER SPRIM	240 REC'D B	BY REGISTRAR 24b. REGISTRAR'S S	
	Mintondalla Sinka		DATE DE	12 60 Cathur	8. Thousand

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be execused minimum and may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplemity filled in by the funeral director, pages 3 should be detached far use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, an remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58



TO HOSPITAL

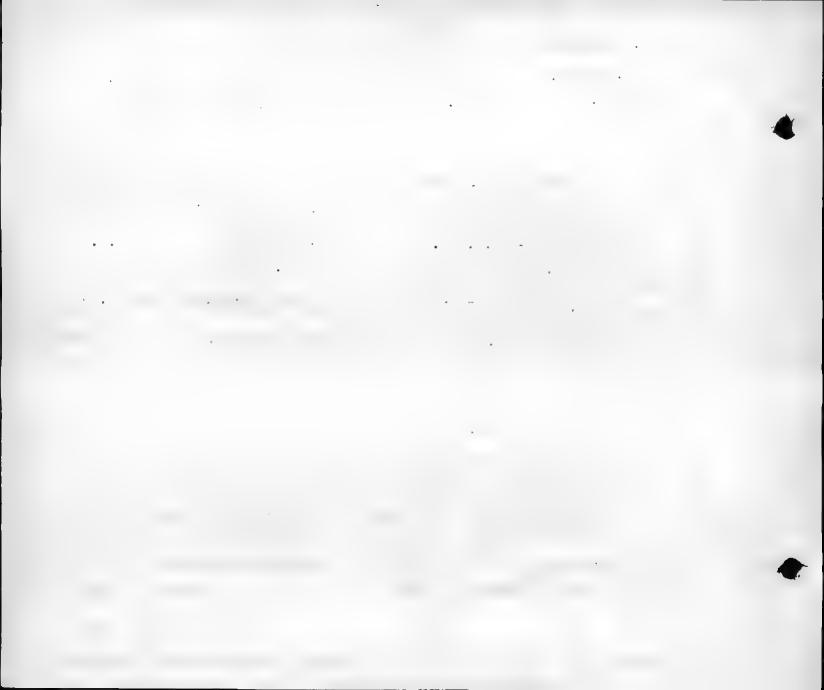
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14035

o, COUNTY	ин Monteomer	у		MARYLAND	2 USUAL RESIDENCE (Was STATE	/here deceased	lived If institution b COUNTY		pefore adm	
B CITY OR TO	WN (If outside corporate lown) SV-11.6	orate limits, wi		OTH OF STAY IN 16	c CITY OR TOWN (IF	outside corpora			-	~
d name of h Or institu	IOSPITAL (If not in h	ospital, give st	treet address)		d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Jan	First	S	Middle nencer	Fisher	4. DATE OF DEATH	Moni Deci	h ember	Doy 4	Year 1950
5. SEX Malle	6. color o White	R RACE 7	MARRIED 1	DIVORCED	B DATE OF BIRTH November 16	3-1894	AGE (in years lost birthday)	F UNDER 1 YE Months Day		
	JPATION (Give kind if working life, even Mail Carr				JSTRY 11. BIRTHPLACE (Stor		untry)	12. CITIZEN		COUNTRY
13. FATHER'S NAM	Millard (O.V.	14. MOTHER'S MAIDEN MATY E	NAME	1	1 (2.4)		
	DEVER IN U.S. ARI	MED FORCES?	16 SOCIAL	SECURITY NO	INFORMANT Mrs Spencer		Addr		, Md	
Canditions gove rise cause (a), st		DUE TO (b) DUE TO (c)	cer	erice	flin	100 is	44		5	lear
CATK	D	eabo	tin	me	T NOT RELATED TO THE TERM			EN IN PART 1(c	PERF YES [ORMED
	NT WAS UNDERLYIN UTING CAUSE OF	- DEATH	DESCRIBE HC	JW INJURY OCCURR	ED (Enter nature of injury in	rgri or ren	il at item 10)			
Hour		W		CCURRED 20e P	LACE OF INJURY (Hame for octory, street, affice bldg., e	m. 20f. (City :	or fown)	(Caur	nty)	(State
21. I certi alive an_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jahr.	ec.		n 3 Dee, and that deat occided MD.	19 60, to h accurred at 2:30	AM, fram t ADDRESS (SIN	eet, city or lawn, :	d an the d	saw the ate state of	deceased ad above ATE SIGNE
	MATION, 226. DATE		22 c. N.	AME OF CEMETERY		22 10CATI	ON (City, tawn, a			ate)
23 EUNERAL DIRE	CTOR'S SIGNATURE	Hill	AD	Darne	1 - D U	O BY REGISTR		TRAR'S SIGNA		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14036

2 USUAL RESIDENCE (Where deceased fixed If institution Residence before admission)

1	2	
	3	

PLACE OF DEATH

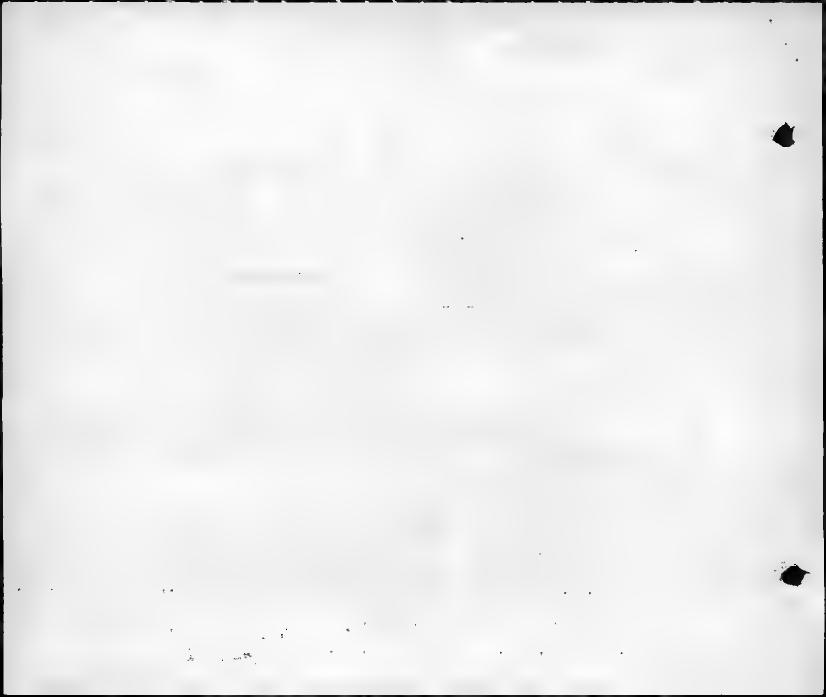
er death. Pagé 4 ir afterding physician.

cerificate has been signed by the attending physician and campletely filled in by e funeral director, e as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with burial, cremation, ar removal, and in any everythmen 72 haurs after deathy. ISICIAN: The law requires that the death certificate be executed within 24 haurs.

ATTENDING PH	by the haspital a	W	page 3 shauld be detached for us	the State Board of Health prior to
TO HOSPITAL	may be retain	TO FUNERAL DIR	page 3 shauld b	the State Board

VR A1S (4) 15M 9/59

l 1	i.	MARYLAND	L O. STATE	b. COUNIT	
Hp	nontgomeky		maryland	ments	gomeny
	CTY OR TOWN (If autside barparate limits, write RURAL and give neorest town)	c LENGTH OF STAY IN 16	c. CITY'OR TOWN (If o	ulside corporate limits, write k	UKAL and give aborest fawn)
-		12 hrs	Takoma K	ank	
-/	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	De l'elle	e. IS RESIDENCE
,	OR INSTITUTION		72 13.	1 0.10	ON A FARM?
V	ashington Suntarium 1	Hospital	7304 BIRE	ch avc	YES NO 🗷
ı	NAME OF First	Middle	last	4. DATE Mon	nth Day Year
	DECEASED Type or print) L///an	61-1	Fisher	DEATH Dec.	6 1960
_	200777710571	ada			- 1/ • -
, 3	6 COLOR OR RACE 7 MAR	RIED ANEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Hours Min
F_{c}	mule White WIDOW	/ED DIVORCED D	4-24-08	3 2 yrs	
i Oa	JS. IAL OCCUPATION (Give kind of work done 10h	KIND OF BUSINESS OR INDL	STRY 11, BIRTHPLACE (Stote	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
		Dept. Store		→ L	
4	ousew.fe		Connecti		W.S
3	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Churles E. Pyle		Florence M		
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		NFORMANT	Add	ress
		578-12-1387 H	spital admi	Hing Record	
=	7 D		***		La resulta seriarea.
	1B CAUSE OF DEATH [Enter anly are couse per t	/	(1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)]	HRCINOMA	6F (060	N	IYEAR
	152 C DUE TO				
	Canditians, if any, which)				
	gave rise to immediate				
	cause (a), stoting the under-				
	lying cause lost.				
2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIV	VEN IN PART I(a) 19 WAS AUTOPSY
AII					PERFORMED?
ر ب	20- ACCIDENT WAS TIMBERING TO JON DE	COME HOW INTHING OCCUPA	ED /Estes mature of injury in t	Deat I as Doct II of Jam 18 \	130 100
RT	200 ACCIDENT WAS UNDERLYING 200 DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	בט (בחיפר חסוטרפ מו זחןטוץ זה ז	on ron ron nor nem (6.)	
ž	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	20c TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20s. P.	LACE OF INJURY (Home, form		(County) (State
700		e Not while fork at work	octary, street, office bldg, etc		
1	p. m. Iy ot wo	ork at wark			
	21 1 certify that (I) (this haspital) atten	ded the deceased from	14-5 10	60 to 12-6	1960 that (I) (we) los
	at decreed 1 12-	6 10/0	94		nd an the date stated above
		and that	death accurred at /_//	m, tram the causes an	
	220. SIGNATURE	_	ATTENDING /	CD CTACC	22b. DATE SIGNEI
	2/27	now	M D PHYS. MI	ED STAFF RECTOR PHYS	370112
	22c PHYS CIAN'S		22d ADDRESS		7 (3 D. 3 M
	NAME (Type) L. B. SNOW		7950 New H	ampshire Ave.,	Langley Park, M
/3a	BUR AL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY (23d LOCATION (City fawn,	
	BURIAL (Spec fy) 12/9/60	ARLINGTON N	AT'L. CEMETERY	ARLINGTON.	VIRGINIA
-					STRAR'S SIGNATURE
1	WENTER FOR PROPERTY. INC.	STEVER SPRII	MAP TITLE		3. 1014. 045
-	Themand le Justia		DATOE(14'60 c:	lug & Kana
	J				
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CEPTIFICATE OF DEATH

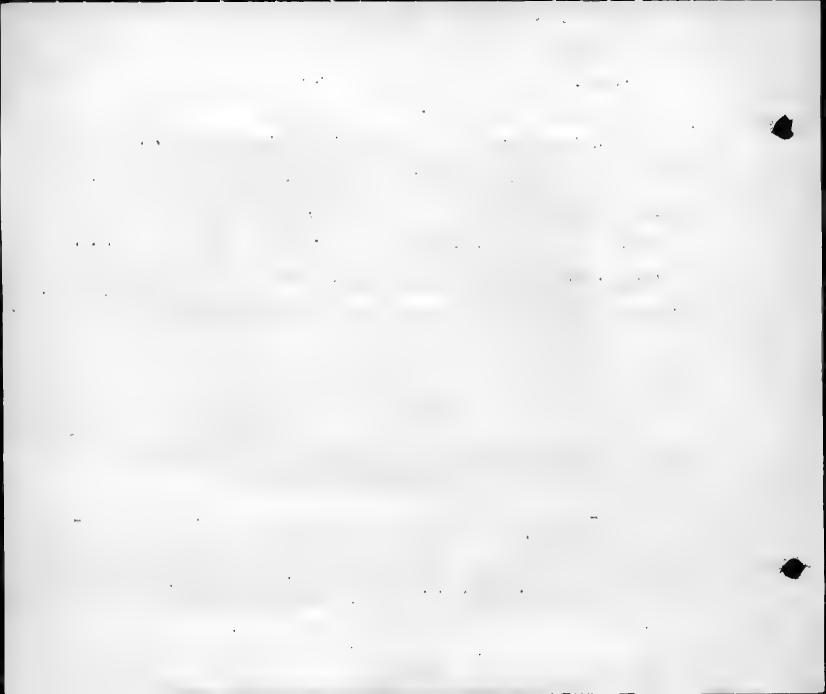
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death. Page 4 moy be retain y the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by c funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 12 hours after death. TINDIN PHYSICIAN: The law requires that the death certificate be executed within 14 hours

TO HOSPITAL VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14038

2

Davs

(County)

e. IS RESIDENCE

Hours

Washington DC

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(Stote)

226 DATE

(State)

12-2-60

Virginia

Contract & Thates

160

SIGNED

PERFORMED? YES IN NO 🗆

ON A FARM? YES TO NO TE

Year

19 60

1		
ned by the attending physic an and completely filled in by 'e funeral director,	ermit. Then please remaye carbon papers. Pages 1 and 2 should be filled with	(
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ely filler	Pages 1	r death.
complet	papers.	ours afte
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physic	emave (ent, with
affending	pleose #	moval, and a any event, within 72 hours after death,
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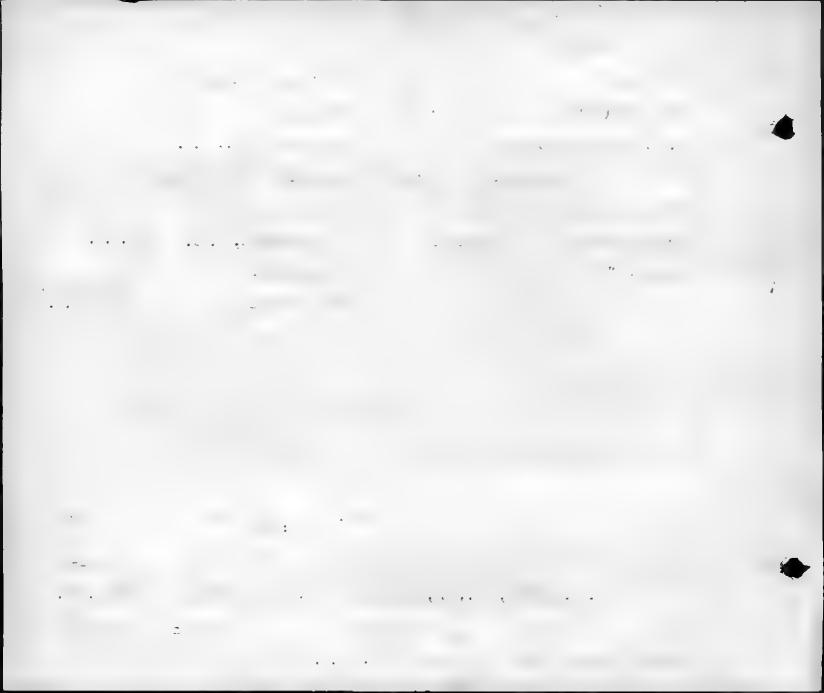
PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY District of Columbia COUNTY o. STATE MARYLAND Montgomery b CIY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda (Rural) 53 davs Washington d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION 1425 Webster St., N.W. S. Naval Hospital NAME OF Middle DATE Manth DECEASED (Type or print) Josephine FRANKTIE DEATH December Brown IF UNDER TYEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months DIVORCED | WIDOWED [63 Female Negro 10a. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Washington. D. C. Hospital Nurse-Attendent 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John H. BROWN Serena CALLEN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Park Place, N.W. 3108 No John W. Franklin. 18 CAUSE OF DEATH [Enter only one couse per line for, (a), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which morrice [6] gove rise to immediate DUE TO has been sign urial-transit permatian or rem couse (a), stating the underlying couse ost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 crematian 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c, TIME OF INJURY Manth. Doy. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) MEDI Hour a. m White Not while at work at work p. m. 19.60, that M (we) last 21 I certify that (%(this haspital) attended the deceased fram Oct. 10 ta Dec. 19.60, and that death accurred of 200, from the causes and on the date stated above FUNERAL DIRECTOR: A poge 3 should be detected the Search saw the deceased ative an Dea. 2 220 SIGNATURE ATTENDING DIRECTOR -PHYS IX M.D. PHYS 22d ADDRESS 22c PHYS CIAN'S NAME (Type) U. S. Naval Hospital, Bethesda, Md. LT. MC. USE oge 3 ne State 23a. BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) 12-7-60 Burial Arlington National Arlington 24: PUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S S. GNATURE ADDRESS 250 REC'D BY REGISTRAR WashDC

Funeral Home, 2311 Nicholas Ave., S.E. DATE DEC 7

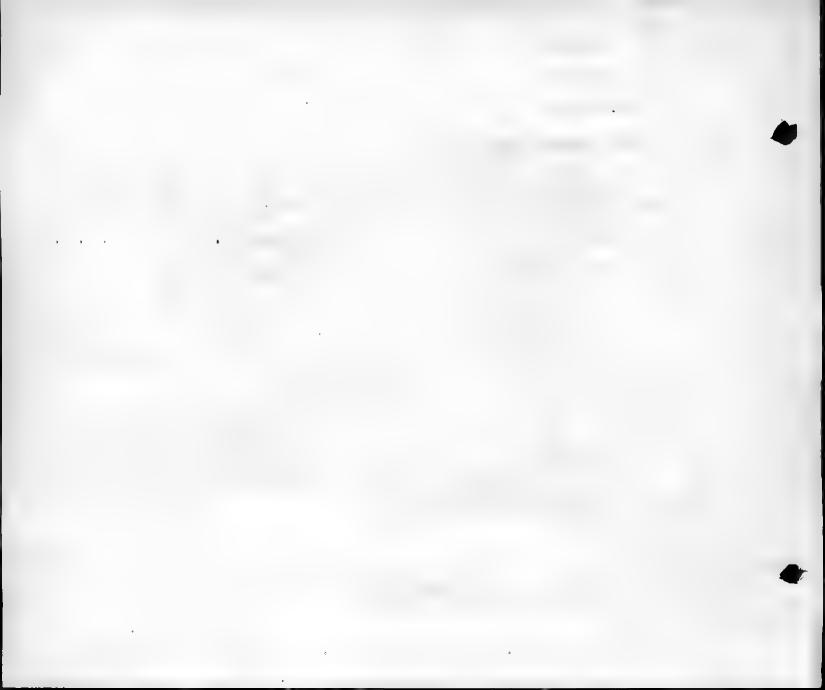
executed certificate be ITENDING PHYSICIAN: The law requires that the death offending physician

9 VR A15 (4) 15M 9/59



TO HOSPITA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



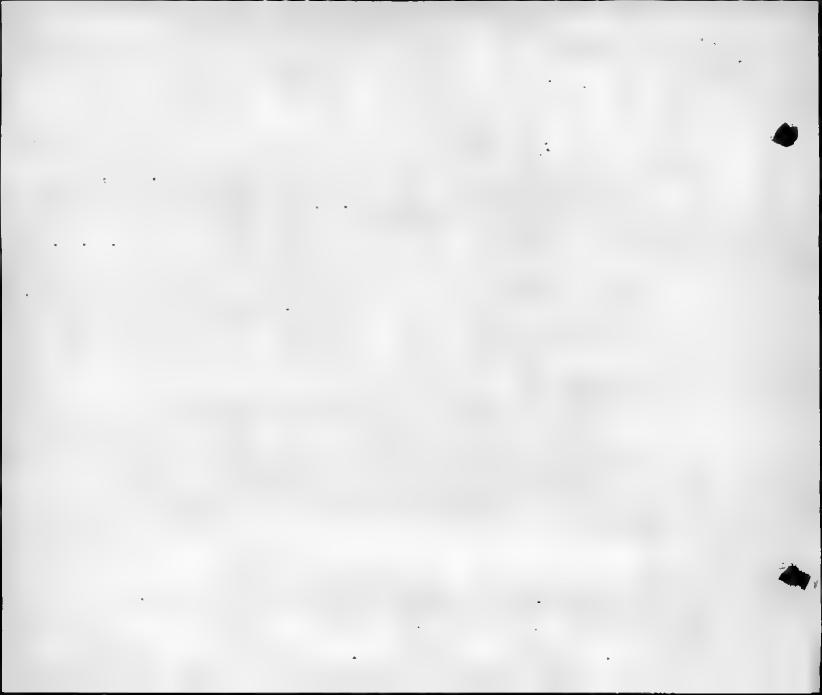
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uriof, c	M	À

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14111 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 14(140)

1.	a. COUNTY MO	ontgomery		MARYEA			sidence (M lary 1.		ed lived. If instit b. COUN		Residence b		
	b CITY OR TOWN (II	pulside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OF	TOWN (II	autside carp	ocate limits, write				
	Bethes	la		3 Months		Bet	he sd	a (Westga	te))		
	d. NAME OF HOSPITA Ongressic			nitarium	,	d. STREET . 514		rthir	ngton D	riv	7e	ON	RES DENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	Fir ROS		Middle	GE	RHARE		4. DATE OF DEATH	Mon De		2,		Year 19 60
5.	ях Female	6. COLOR OR RACE White	7- MARRI WIDOWE	ED NEVER MARRIED DIVORCED	De.	C. 2,			9. AGE (in years 88 birthday) yrs.	Men	hin Days	R IF UND Heurs	Min.
10	o. USUAL OCCUPATION during most of working Homemake 1	life, even if refired)	done 105. 1	KIND OF BUSINESS OR INC	USTRY		ACE (Stote York		ountry)	12	U.	em A	COUNTRY
13	I. FATHER'S NAME				14	. MOTHER'S	MAIDEN N	AME					
			Sch	neider	- 1				La	uel	khard	t	
15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCESP 16.			risor	Son A.	Gerha	Addres	San	ne as	Ite	em 2.
7.	Conditions, if on gove rise to immedia, stating the uncourse lost.	ate cause DUE TO	C	arcinoma of					CONDITION	Vehi In	ON	Mont	:hs
CERTIFICATION		SE WAS 20		E HOW INJURY OCCURRED						VEN IN	Y FARI I(O)	YES []	NOXE
MEDICAL	20c, TIME OF INJURY Hour o.m. p. m	Month, Day, Yes	White		PLACE (OF INJURY (Home, farm, bldg., etc.)	20f. (City	or town)		(County)		(51010)
	ACTUAL SIGNATURE		couses [remains described a Accident [], Accident [], ACCHART	Suicid	CHIEF A	lamicide IEDICAL EX NT MEDICA		T	cause		•	find tha
22. Bu	NAME (Type) o. BURIAL, CREMATION 1 SEMOWAL (Specify)	1, 22b. DATE THEREC		22c. NAME OF CEMETERY Evergreen		EMATORY		22d LOCAT	ion (City, town, oklyn,	or cou		(Stat	
23.	ROBERT A.	PUMPHRI	ΞΥ	Bethesda,	Md	•	24a. REC'D	OF PEGISTE			S. FETA		

YS A15ME(5) 5M 9/55 3× 6%



should be filed with funeral director death Page

campleter filled in by pippers. Paper 1 and 2

(TENDER CHINSICIAN: The law requires that the death certificate he exemuted within #4 hours

TO HOSPITAL

VS A15 (4) 1SM 9/S8

may be retain. Fey the haspital ar attending physician.

•• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cap page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pept the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death

CERTIFICATE OF DEATH

14041 Reg Dist. No.

									_
	1. PLACE OF DEATH o. COUNTY Montpomery		MARYLAND	2. USUAL RESIDENCE (Who STATE District Of	Columbia	F COUNTY	n Residence	before admission)
	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c LENGTH OF	STAY IN 16	c CITY OR TOWN (If or			IRAL and giv	e nearest town)	
	Bethesda						LA	/ X -	-
	d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION	ive street oddress)		d STREET ADDRESS			•	e. 1s RESIDE	NCE RM?
)	The Clinical Center	, Bethesda 1	4. Md.	417 - 12th St	treet, S	E.		YES N	
	3. NAME OF Fire DECEASED		Aiddle	Last	4. DATE OF	Month		Day Yes	
	(Type or print) Carroll	Robert	"	Gibbs	DEATH D	ecembei	-		60
	2.0 0	7 MARRIED NEVER		DATE OF BIRTH	_ , lg:	GE (In years (it birthdoy)		FEAR IF UNDER	24 HR: Min.
	Male Negro			August 31,19.		γrs			
	during most of working life, even if retired)	10a USJAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CIT during mast of working life, even if retired)							
	Truck Driver	Transport	ation	Washington			U ei	S.A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
	Robert Gibbs	CECS IN CORES OF OUR	Prince T and	Elizabeth		. 6 44.			
	15 WAS DECEASED EVER IN U.S. ARMED FOR	envice)		FORMANT The Medi					
	YES WW II	578-22-07		Clinical Ce	nter, Le	thesda		_ =	
	1B. CAUSE OF DEATH [Enter only one co- PART !. DEATH WAS CAUSED BY.							INTERVAL BETWO	EATH
	IMMEDIATE CAUSE (6)	/		d of Pancreas	with i	nvasior	of	2 Years	
	DUE TO	0.000 0.00 0.00		-					
	Conditions, (flony, which) gove rise to immediate (<u>astro-i</u>	ntestinal her	norrhage			hours	
	couse (a), stating the under-								
	Iying couse lost. (c)	·	TO DEATH BUT N	ACT DELATED TO THE TERMIN	NALD SEASE COL	ID TION GIVE	EN IN PART 1	/ml 10 WAS ALL	TOPSY
	CATK						NINT AK	PERFORM YES D	IED?
		206. DESCRIBE HOW INJI	URY OCCURRED.	, (Enter nature of injury in P	art tor Port II of	item 18)			
	20c TIME OF INJURY Month, Doy, Yeo Hour o. m. 19	or 20d, INJURY OCCURRE While Not while of work of work	foch	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f (City or to	wr)	(Car	only)	(State
	21. I certify that I attended the	deceased from _NC	vember	25, 19.60, to Det	cember 1	19 <u>_6</u> 91	hat I last	saw the dec	ease:
	alive an December 1	, 19 <u>60</u> , and	that death	accurred at 6:25P	M, fram the	causes and	d an the c	date stated o	ıbav
	2.7	*	alpera		ADDRESS (Street,	city or town, s	itote)	DATE S	IGNE
	SIGNATURE	18-C-51	M	D The Clinic				12/3/	60
	PHYSICIAN'S Robert B. Sc	anatan M.D.		National			Health		
	NAME (Type) 1000010 De 00			Bethesda .	lц, Mary	land			
	220. BURIA. CREMATION, 226. DATE THEREO	000.11.11.00	F CEMETERY OR		22d LOCATION	(City, town, o	r county)	(Stote)	
	Burial' 12/6/196	Q Arling	ton Nat	ional Cemeter	y Fort	My er	Vire	inia -	
	23. DINERAL DIRECTOR'S SIGNATURE	ADDRESS	th. st.	S. E. 240. REC'C	BY REGISTRAR			Le	
	Mercanda XTO	20-1		DATE	EG 5 '60	a	War 2.	Flours	

Chashington 3, D. C.



IS RESIDENCE

ON A FARM?

VR A15 (4)

15M 9/59

14121 PLACE OF DEATH · COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town] Bethesda d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION U. S. Naval Hospital NAME OF DECEASED (Type or print) Horatio S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Male Cauc 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mariner 13 FATHER'S NAME Daniel W. Gillmor

MARYLAND c LENGTH OF STAY IN 16 6 mos.

Middle

DIVORCED |

Gonzala

U.S. Navy

Unknown

District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington d. STREET ADDRESS

Lost

1720 N St.

4. DATE

YES NO Year

12 CITIZEN OF WHAT COUNTRY?

USA

OF DEATH GTTLLMOR 19 60 December IF UNDER 1 YEAR 1F UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours 1-7-70 yes

Month

Address

M, from the causes and an the date stated above

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

COUNTY

Wisconsin 14. MOTHER'S MAIDEN NAME

Jane Shirman 17. INFORMANT

Grace E. Gillmor

Same as #2 INTERVAL BETWEEN ONSET AND DEATH ARCINOMA, PROSTATE E METANTASES

DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.

(b) DUE TO

CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

IMMEDIATE CAUSE (6)

WWI-WWII

First

WIDOWED [

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19

20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

Doy, Year 26d. INJURY OCCURRED While Not while at work at work

1960

20e. PLACE OF INJURY (Home farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

PERFORMED?

21 I certify that (this haspital) attended the deceased from 28 June saw the deceased alive on 21 22a SIGNATURE

22c. PHYSICIAN'S

230. BURIAL CREMATION

NAME (Type)

Hour o.m.

D. III

Yes

HUBBARD CDR MC

23b DATE THEREOF

M.D. PHYS 22d ADDRESS

ATTENDING

225 DATE SIGNED

19_60, that (I) (3030 last

and that death occurred at

U. S. Naval Hospital, Bethesda, Md. 23d LOCATION (City, fown, or county) 23c NAME OF CEMFTERY OR CREMATORY

STAFF

REMOVAL (Specify) 12-24-60 Buria. 24 FUNERAL DIRECTOR'S SIGNATURE

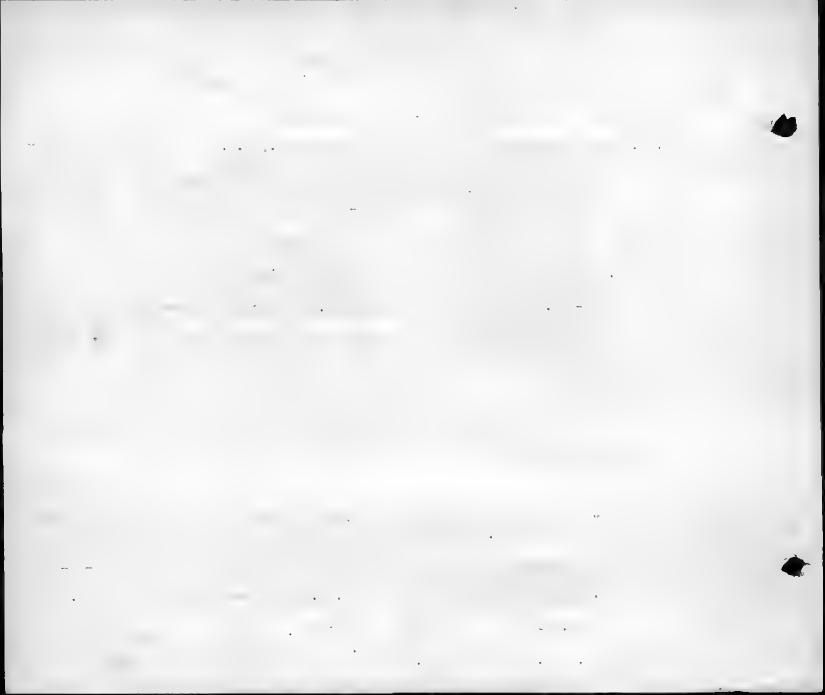
Arlington National Cem.

Arlington, Virginia 250 REC'D BY REGISTRAR

MED DIRECTOR

(Stote)

256 REGISTRAR'S SIGNATURE 1756 Pennsylvania Ave. NW DATEC 2 7 Gawlers Sons, Inc. Washington, D.C. arthur 9 House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTICICATE OF DEATH

14043

		1 4000	CERTIFICAT	E OF DEATH	TXUXU
/ 2	1 P	LACE OF DEATH L. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived o STATE MARYLAND	If institution: Residence before admission) b COUNTY MONTGOMERY
1 485	Ŀ	CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) SILVER SPRING	7 years	c CITY OR TOWN (If outside corporate In	mits, write RURAL and give nearest town)
		NAME OF HOSPITAL (If not in hospito), give street OR INSTITUTION 2812 DAWSON STREET	oddress)	d STREET ADDRESS 2812 DAWSON STREET	e is residence on a farm? Yes \(\) no \(\)
		NAME OF DECEASED Type or print) FREDERICK	William G	LANTZ DEATH DEATH DEATH DEATH DEATH	Month Day Year ECEMBER 6, 1960
	\$ \$	MALE 6 COLOR OR RACE 7. MARK	RIFD NEVER MARRIED 8 ED DIVORCED	AUG. 10, 1872	if UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Doys Hours Min
		usua. Occupation (Give kind of work done 10b. during most of working life, even if refired) TTORNEY (retired) Pa	KIND OF BUSINESS OR INDUST Welfare Board	RY 11. BIRTHPLACE (Stote or foreign country) BALTIMORE, MARYLANI	
		FATHER'S NAME HRISTIAN GLANTZ		14. MOTHER'S MAIDEN NAME CATHERINE STRAHLER	
/	IS. Oes N	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give war or dates of service)		Elsie S. Glantz, 28]	Address 2 Dawson St. 1 Spring, Morierval Between
	CAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d II	CRIBE HOW INJURY OCCURRED. NJURY OCCURRED. 20e PLA	Heart Disease There of Injury in Port I or Port II of CE OF INJURY (Home, form, 20f. (City or to ory, street, office bldg., etc.) !	·
	23a	Hour a. m. p m. 19 White of wor 21 I certify that (I) (this haspital) attends saw the deceased alive an Alphania (South Alive and Ali	ded the deceased from	attending Med. Attending Med. PHYS 22d. Address 11502 GRA SILVER SP	that (1) (we) last causes and an the date stated above 22b. DATE STEED AVENUE, RING, MARYLAND. (City, town, or county) (State)
	В	URIAL (Specify) 12/9/60	Lorraine Park	Cemetery Baltimo	re, Maryland
		FUNERAL DIRECTOR'S SIGNATURE FARNER E. PIMPHREY. 'INC.	ADDRESS SILVER SPRIM	NG. MD. 250 REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

may be revolved by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the clientor, page 3 should be detached for use as the bund fronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriof, cremation, ar removal, and in any event, within 72 haurs ofter death

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

deoth Page 4

VR AIS (4) ISM 9/59

TO HOSPITAL



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

death. Page 4

may be retain to by the hasp tall ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers I ages 1 and 2 should be filed with the State Board of Health prior to bur at, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be exmuted within 24 hours,

TO HOSPITAL

VR A1S (4) 1SM 9/59

14045

	14/131 CERTIFICA	TE OF DEATH	# X 11 # U
V	DENTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution be o. STATE b. COUNTY	ENTE-CMERY
	b CITY OR TOWN IT outs de aorporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest (Myn)	C. CITY OR TOWN (If outside corporate limits, write RURAL 14 KOMA 4RK	
	d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION 1025 EASTERN AVE.	1 STREET ADDRESS FASTERNAV	IS RESIDENCE ON A FARM? YES NO P
)	NAME OF DECEASED (Type or print) HARRIETT Middle	SRAYBILL 4. DATE OF DEATH DEC.	20 19 60
	5. SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	867-19, 1878, host strhdoy) Mon	
	USUAL DCCUPATION (Give kind of work done during most of two kind Life, even if retired) HOWLENDED	USTRY 11 BIRTHPLACE (Stole or foreign country) 12	CITIZEN OF WHAT COUNTRY?
	JOHN F. RUBEL	14 MOTHER'S MAIDEN NAME GILLI	4M
	Yes no or unknown) (1) yes neve war or dates of service)	LAF RUTH REHALL, 7025/	- TAKPK /1
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CULL MUST IMMEDIATE CAUSE (o)	Icardial infarction	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO Conditions, if any, which)		4
	gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)		
	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	TNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(0) IP WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Port I or Port II of item 18.)	
		LACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State)
4.	21 I certify that (I) (this hospital) attended the deceased fram saw the deceased alive an 12/9 - 19/5, and that	death accurred at PM, from the causes and ar	1966, that (I) (we) last
	220 SIGNATURE R. Coleman MD.	M.D ATTENDING MED STAFF DIRECTOR PHYS	27b. DATE SIGNED
	MC. PHYSICIANS NAME (Type) JAMES R. COLEMAN	733 Alege ausul, Alege	A Spring Mit
	230 BURIAL CREMATION. 236 DATE THEREOF 196 236 NAME OF CHARTERY REMOVAL (Specify) DECIMON 196 ATTHORE	OR CREMATORY 23d LOCATION (City town, or cou	inty) V(Stote) T
	ADDRESS //	ASHDO 250 REC'D BY REGISTRAR 256, REGISTRAR	S GNATURE

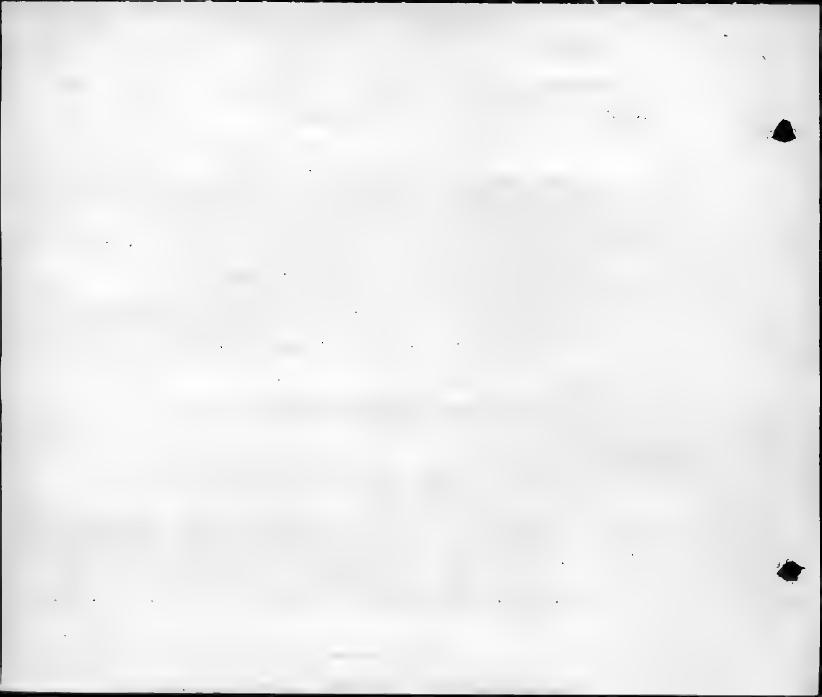


ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

death. Page 4

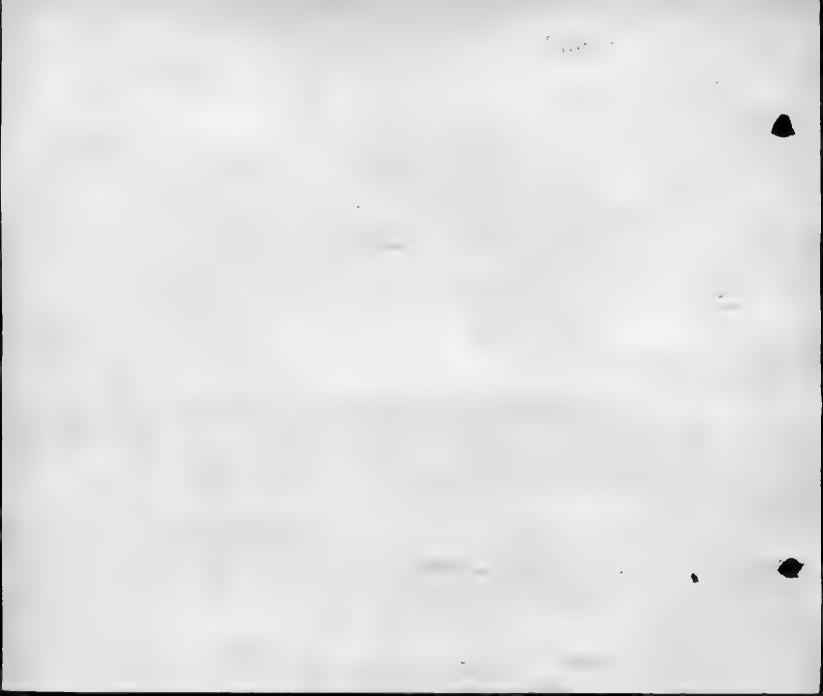
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4	Ú,	TO FUNERAL DIRECTO	핕	
HOSPITAL 1	rek	AL	3 should	
SPI	8	9	n	
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9	Ε	0	ď	
10	AA	15	6	

	Per I					
1 PLACE OF DEATH = COUNTY			n STATE	E (Where deceased lived b.	If institutions Resid	lence before admiss an)
Montgor	nerv	MARYLAND	Mar	yland	0.0	ntgomery
b CITY OR TOWN (If autside of	b CITY OR TOWN (If autside carporate limits, write c LENGTH OF STAY II		c CITY OR TOWN	(If outside carporate limi	its, write RURAL on	d give nearest town)
RURAL and give nearest tawn Bethesda	į.	5 vrs	Bethe	odo	4	.5
d. NAME OF HOSPITAL (If not	n hospital, give street	oddress)	d STREET ADDRE			. e. (5 RESIDENCE
OR INSTITUTION TO TO TO	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION 5924 Johnson Avenue					ON A FARM?
3924 JUIIII	SOIL AVEILU	16	3924 ,	Johnson Av	enue	YES NO 3
3 NAME OF DECEASED (Type or print)	First acqueline	Middle V	Greco	4. DATE OF DEATH	Month 12	14 1960
S. SEX 6. COLO	R OR RACE 7 MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE		ER I YEAR IF UNDER 24 HRS
	ite widowi		May 1,	1883 7	7 yrs Manths	s Days Hours Min
10a USUAL OCCUPATION (Give k	ind of work done 10b.	KIND OF BUSINESS OR IND	SUSTRY 11. BIRTHPLACE (State or foreign country)	12 0	ITIZEN OF WHAT COUNTRY
during most of working life, en Housewife	ren ir retired}		Sici	1 77	1	JS-Naturali:
13. FATHER'S NAME			14. MOTHER'S MAIL			20 11-11-1
N _						
James Vaiar				Ferrara		
15 WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give v	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
No		None M	rs. Henson	n. Daughte	r-same	24
18 CAUSE OF DEATH Enter	anly one couse peculi		-~			INTERVAL BETWEEN
PART I. DEATH WAS O		10	. (1 0.	1	ONSET AND DEATH
IMMEDIA	TE CAUSE (a)	10 17 T. T. T. T.	by forma	rocksm		
1 30 10	DUE TO	+: 1	#- 1	1 /		
Canditions, if any, which		Mundalgra	Vici KRAN	Milane		
gave rise to immediate	DUE TO	,	1/1/ 1 -	+		
lying couse last.	1 10 6	homer 17	Melus	13		
	FICANT CONDIT ONS	CONTRIBLTING TO DEATH B	LET NOT RELATED TO THE	TERMINALD SEASE COND	DIT ON GIVEN IN P	ART 1(0) 19 WAS AUTOPSY
[6]		<u> </u>	5 1101 KEW (15 10 11)			PERFORMED?
5						YES NO 🔀
PART II OTHER SIGNII 200 ACCIDENT WAS UNDERLED OR CONTRIBUTING CAUSE U [IF EITHER, NOTIFY MEDICAL	YING 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of inju	ry in Port I ar Part II of it	em 18)	
	EXAMINER)					
3 20c TIME OF INJURY Month,	Day, Year 20d. I			, farm, 20f (City or law	n)	(County) (State
e Hour o.m.	While	No! while	foctary, street, affice bldg	j., efc.)		
₹ p. m.	at wor	rk 🔲 at work 📋	W / 1 / 2 / 2	7	/	
21. I certify that (I) (the	s haspital) otten	ded the deceased from	1951	. 19 to 32	14 19	60, that (I) (we) los
saw the deceased alive	e on 12/13	3 1960, and that	death occurred at	3.P. M. from the co	auses and an I	the date stated above
220 S GNATURE		22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				22b, DATE
	X1-49	~	M D PHYS	MED STAI	FF 🗆	12/14/60 SIGNE
22c. PHYSICIAN'S			22d, ADDRESS	DIRECTOR CITY	<u>, П</u>	12/14/00
NAME (Type)		_				
Wi	lliam_T	Joyce		<u>Maple Ridg</u>	e Rd. B	eth. Md.
	DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C	ity, town at count	y) (State)
REMOVAL (Specify) Rurial 1:	2/17/60	Gate of He	aven	Nesque	honing.	Penna
24 FUNERAL DIRECTOR'S SIGNAT		ADDRESS		REC'D BY REG STRAR	256 REGISTRAR'S	
			arvl and	DEC 2 0 '60		9 K 44

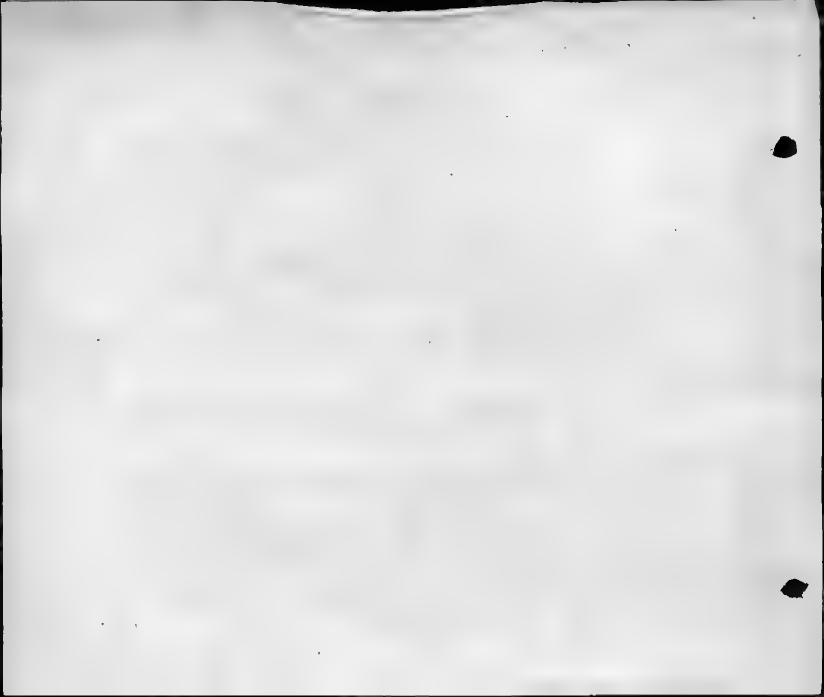


ESTON STREET, BALTIMORE 1, MARYLAND 4114 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Rasidence before admission) a. COUNTY a STATE **b.** COUNTY marylan ontarmens on Tamery MARYLAND CITY OR TOWN I outside corporate write RURAL and give prevent lown c. CITY OR TOWN If oulside corporate I m to write RURAL and give nearby town) C LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUTION (IF . IS RESIDENCE and in hospital, give street address! TOP ON A FARM? 臣 Yes 🦳 NO 🏳 3. NAME OF DECEASED OF (Type or print) DEATH 19 (b) C YOLYYIAV сагьоп 9. AGE (In years HE UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED and (ast birthday) Months Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO (Yes, no or unkown) | (If yes give water dates of service); 579-01-1730 18 CAUSE OF DEATH [Enter only one cause per ine for a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DLE TO (a), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1, 8]. WAS AUTOPSY PERFORMED 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in cry in Part I or Part II of fem 18) 20a ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED , 20c. PLACE OF INJURY Home, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m. 21 I certify that (1) (this hospital) attended the deceased from / 2, 19, that (I) (we) last plaods saw the deceased alive on. 22b DATE ATTENDING Y MED. SIGNED M D PHYS DIRECTOR PHYS. ZZc. PHYSICIAN'S 22d NAME (Type) 0 director, CEMETERY OR CHEMATORY BUR AL. CREMATION, 1236, DATE THERFOI REGISTRAR 256, REGISTRA VR A15 (4) DISU 2 8 '60 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) a COUNTY Page Health, **6. COUNTY** f.les. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give names) town) CITY OR TOWN c. LENGTH OF STAY IN 16 Your ŏ 14 vears Pol d. NAME OF HOSPITAL OR INST a. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF Middle DECEASED OF (Type or print) DEATH 5 SEX AGE (In years IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED W NEVER MARRIED lest birthdey) Months I WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 1 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) OUN HOME THE FATHER S NAME 14. MOTHER'S MAIDEN NAME ANNIE JONES FRANK SHERMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes no, or unkown) (Ifyesg vewerordelesafsarvica) 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), ONSET, AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-tr Office **DUE TO** gave rise to Immediate cause DUETO (a), stelling the underlying 10 Examiner pesa PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6 WAS AUTOPS PERFORMED? 200 YES 🔀 NO ъ 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, tenier nature of injury in Part I or Part II of itam 18.1 PRIMARY OF OF CONTRIBUTING 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City/or fown) 20c. TIME OF INJURY (County) (State) factory/streat, office bldg., etc.) ease execute the certificate, wr. should be forwarded to the Cl FUNERAL DIRECTOR: Pag While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection and in my opinion Homicide 1 death resulted from: Natural causes Su cide Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 228 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) 226 DATE THEREOF (State) REMOVAL (Specify) MONTGOMERY COUNTY, MD. PARKLAWN CEMETERY ₹0 ā ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DEC 2 9 '60 5M 7/59 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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burial,

a. COUNTY

14193 PLACE OF DEATH Montgomery b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest tawn) Bethesda (Rural) d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION U. S. Naval Hospital NAME OF 3. DECEASED (Type or pri S SEX Male 10a USUAL OCCUPATION (Give kind of wark dane done during most of warking life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Mariner (Retired

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MARYLAND c. LENGTH OF STAY IN 16

Prince Georges Maryland c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

4510 Baltimore Ave

Bladensburg

d. STREET ADDRESS

COUNTY

e. IS RESIDENCE ON A FARM? YES TO NO TO

24 HRS

	Fin	Middle	Lost	4. DATE OF	Month	Doy	Year
nt)	Nel		HAGE	DEATH	December	21	1960
	6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years FUNDER last birthday) Months		F UNDER 24 HE
	Caucasian	WIDOWED DIVORCED	6-19-86		74 yrs. Manins	Days	Hours Min

U. S. Navy

Norway 14 MOTHER'S MAIDEN NAME USA

12. CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME

Nels Mage Sigri Hanstotter 17 INFORMANT IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Yes WWI Unknown Hospital Records

l dav

PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0.1 Canditians, if any, which

DUE TO

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

INTERVAL BETWEEN ONSET AND DEATH

gave rise to immediate couse (a), stating the underlying cause last.

DUE TO

PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY

Day

PERFORMED? YES 🕡 NO 🗍

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month.

p. m.

Hour g. m.

Year 20d INJURY OCCURRED

Not while

20e. PLACE OF INJURY (Hame, farm, | 20f. (City or town) factory, street office bldg , etc.)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18)

(State) (County)

21 | certify that (\(\) (this haspital) attended the deceased from

While at work at work

Dec. 20 , 19 60 to Dec. 21 ... 1960 .. that (1) (we) last

saw the deceased alive an Dec. 220 IGNATURE

1960, and that death accurred at 2:35.4 from the causes and an the date stated above

22d, ADDRESS

DIRECTOR .

SIGNED 12-21-60

226 DATE

22c PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

William P. BAKER. 230 BURIAL, CREMATION, 236 DATE THEREOF

LT. MC. USM U. S. Mayal Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City town or county)

(State) Virginia

durri a T

Funeral Home, Hyattsville, Md.

Arlington Nations **ADDRESS**

25g. REC'D BY REGISTRAR'S SIGNATURE DATE DEC 2 7 '60

arthur & Hearth

ģ been signed buriot-transit has aftending certificate the SD use this After detoched may be retain by the h FUNERAL DIRECTOR: A page 3 shauld be detache page the SK o VR A15 (4) 15M 975III

X

e IS RESIDENCE

Dov

Dovs

U. S. A.

(County)

Archer S. Heart

YES NO T

Year

19 60

INTERVAL BETWEEN ONSEE AND DEATH

> PERFORMED? YES NO |

that (l) (we) last

(Stote)

226 DATE SIGNED

27/60

(State)

TO FUNERAL DIRECTOR: page 3 shauld be detact VR A15 (4) 1SM 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH director. Pag. 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, a. COUNTY 6 COUNTY b. CTY OR TOWN outs de corporate limits, MARYLAND " c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give negross town) write RURAL and give neerest town) TOUR OTHER PROPERTY OF INSTITUTION (IT not in hospitel, give street eddress) ò Boar d STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B YES NO F 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 19 L 6. COLOBYOR RACE 7. MARRIED 12 NEVER MARR ED S. SEX B DATE OF BRTH 19. AGE IIN YOU'S HE UNDER I YEAR IF UNDER 24 HRS 2 will igst bisthday) Months Hours 2/22/02 age 5 me 1 and 2 v 72 hour I WIDOWED [DIVORCED [10a. USUAL OCCUPATION (G.va kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PePC D.
13. FATHER'S NAME File pages 1 I remoledersk a. 14. MOTHER'S MAIDEN NAME FRED W. HAMNER CORA HITCHCOCK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Mrs. Catherine F. Catherine with Trust Whith 514 Cannon Road THE CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Silver Spring, Md. a along ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) pencil Office burish: **DUE TO** should Conditions, if any, which (b) deve rise to immediate cause Examiner's (e used as a l **DUE TO** (e), stating the undarlying cause last. PART II OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81 19. WAS AUTOPSY PERFORMED? 3 NO K Medical pluods 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stota) factory, street, office bldg., etc.) While Not While Hour n.m. at work at work executa the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy ... inspection K. Inquiry K. and in my opinion CTO forwarded IL DIRECT Natural causes 🔀 Suicide . death resulted from: Accident | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED Should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY NAME (Typa) JAUSCHANT Add-Address (Street, city, town, or county) 224. BURIAL, CREMATION, 7 225. DATE THEREOF 7 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 12/15/60 ARLINGTON NAT'L. CEMETERY 40 6 BURIAL ARLINGTON, VIRGINIA 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 240. REG STRAR'S S GNATURE
DEC 1 9'60 Cuthun A. France VS. AISME WARNER E. PEMPHREY, INC. 5M 7/59 Jan Breart

MARYLAND STATE DEPARTMENT OF HEALTH



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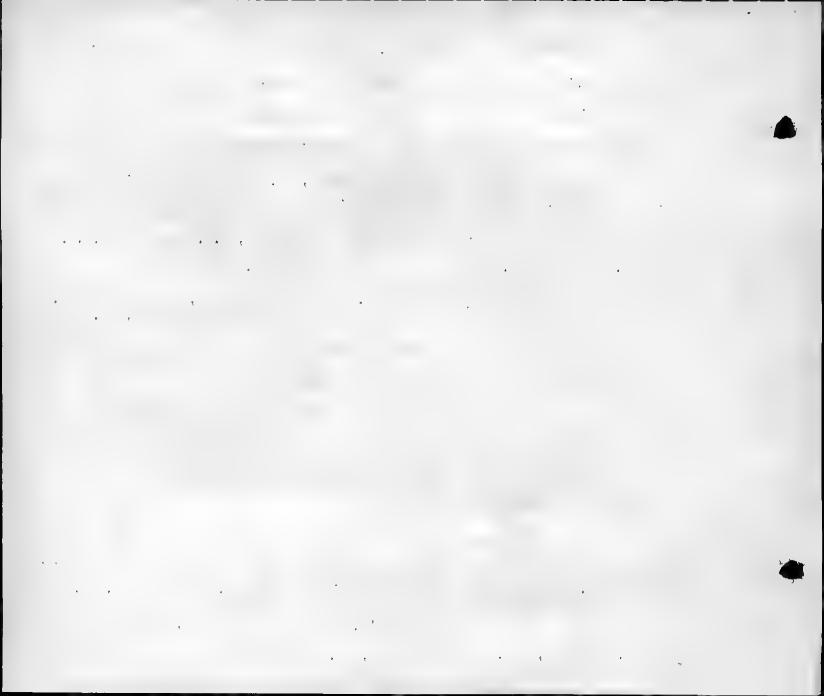
physician and completely filled in by gmaye carbon papers. Pages 1 and 2 requires that the death certificate be executed within 24 hours ive carbon popers. Pages I within 72 haurs after death.

may be retained by the hasp tall or attending physic on.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicipage 3 should be detached for use as the burial-transit permit. Then plagae emaye the State Board of Health prior to burial, cremation, ar remayal, and in play event, with any even

VR A1S (4) 1SM 9/59

١,	PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Wh.	ere deceased lived. If inst b COUI		fore admission)
	MONT GOMERY	MARYLAND	MARYLA		MONTGO	MERY
	b CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest lown) SILVER SPRING	2 years	SILVER SPR	utside corporete limits, wri TNG	ile RURAL and give n	earest town)
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	505 STIRLING ROAD		505 STIRLI	NG ROAD		YES NO
3.	NAME OF First DECEASED	Middle	Lost	4 DATE OF	Month (Day Year
	(Type or print) JAMES	FRANCIS	HANRAHAN, JR.	DOM A TALL	BER 17	1960
5		HED 🔯 NEVER MARRIED 🔲		9 AGE (In ye		Hours Min
	MALE WHITE WIDOWI	en Characte C	3/3/96	64	yrs	
L	d USUAL OCCUPATION (Give kind of work done 10b. during most of working life, eyen if retired) ECTRICIAN (WOOdward & Lot	kind of Business or Indus hrop) ELECTRI		ton, B.C.		S.A.
3.	FATHER'S NAME JAMES F. HANRAHAN, SR.		14. MOTHER'S MAIDEN NETTIE	M. DOVE		
e		SOC AL SECURITY NO. 17 IN	IFORMANT		Address	
[4]	es, no or unknown) (If yes, give war or dates of service)		s. Mary Agnes	Hanrahan, 5	05 Stirli	
	18. CAUSE OF DEATH [Enter only one cause per lie	ne for (a), (b), and (c).}		Stiver 5	pring, H	MERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	on on a	- chiacon			1. 71 -
	DUE TO					
	Conditions, if any, which) (b)	come H	Can Y CY Com	of State		1 m has
	gave rise to immediate cause (o), slating the under-					
	lying cause last. (c)			<u> </u>		
NO LY	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION	I GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO TO
ERT.F.C	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in f	Part I or Part II of item 18)	
S O	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Top of	A come come and an about the come	I man conti		(0)
	20c TIME OF INJURY Month, Day Year 20d It Hour o m While	la.	ACE OF INJURY (Home, form story, street office bidg , etc.		(Count	y) (Stote)
×		k of work	•			
	21 I certify that (I) (this haspital) attend		pri	J.1		
	saw the deceased alive on 1 1	19.6.0, and that d	leath accurred at 15	M, from the couses	and an the da	
	220 SIGNATURE	<u> </u>	ATTENDING ME	ED STAFF RECTOR PHYS		226 DATE SIGNED
	22c PHYS CIAN'S	real of the state	M D PHYS TO DI	RECTOR PHYS		12/17/60
	NAME (Type) J. RAYMOND REA	ADY		ND ST., CHEY	VY CHASE,	MD.
	g BURIAL CREMATION, 236 DATE THEREOF REMOVA. (Spec fy) BURIAL 12/21/60	23c NAME OF CEMETERY O ARLINGTON NAT		23d LOCATION (C by, to ARLINGTON,		(State)
24 1	FUNERAL DIRECTOR'S S GNATURE	ADDRESS SILVER SPRING		7.100	REGISTRAR'S SIGNAT	TURE
	Y'll charles de 11 11 11 11 18 B	4	DATE	. 00	1 27 8 thomas	



CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission, 1. PLACE OF DEATH e. COUNTY o STATE **b** COUNTY Montgomery MARYLAND CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Washington da Rethesda d NAME OF HOSPIFAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 1623 Roxanna Road. N.W. YES NO R Suburban Hospital 4. DATE NAME OF Middle Year DECEASED V. December Vivia Harper Type or print DEATH 60 19 IF JNDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours female white DIVORCED [Mav WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. housewile 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Elizabeth Hill Isaiah Wood IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unkno no Mrs.Elizabeth Sellman, 1623 Roxanna Rd. NW INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY ULMONARY IMMEDIATE CAUSE (o) DUE TO MYOCARDIAL DECOMPENSATION Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse ost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES I NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Port II of item 18, 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) While Not while of work of work p.m. 1960 that (I) (we) last 21 | certify that (I) (this hospital) attended the deceased fram. and that death accurred at 3 AM, from the causes and an the date stated above. saw the deceased alive an-220 S GMATURE ATTENDING PHYS MD DIRECTOR -PHYS BHYSICIAN'S 22d ADDRESS 23g. BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) REMOVAL (Specify) Cedar Cemetery Prince Georges County Md. Buria 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Wash.D.C.

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S.H.Hines Co.,2901

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0 VR A1S (4) 15M 9/59



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14034 CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whe	re deceased ved, If institutions Residence before admission) b. COUNTY
	MOTO OHOLY OCCUPY	Maryland Maryland	Montgomory corporele limits, write RURAL and give neerest lown)
1.	Takoma Park, Md. , KKXKK d NAME OF HOSPITAL OR NSTITUTION (if not 'n hospital, give street	Takoma Park d Street Address	I O. IS RESIDENCE ON A FARM?
1	Washington Sanitarium & Hospita 3. NAME OF DECEASED	1 1018 Heather A	1
	(Type or print) Hamilton Hard 5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER N	ing Harrison DE.	9. AGE (În years IF UNDER YEAR IF UNDER 24 HRS. In the strict of
		ORCED 4-22-81	79 yrs.
	TDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSING done during most of working life leven if retired)	ESS OR INDUSTRY I TE VERTILIZE (County & Stat	
1	Retired - D.C. Fire Departs	ment Virginia MOTHER'S MAIDEN NAME	America _
	Wm . James Harrison 15. Was decrased Eyer in U.S. ARMED FORCES? 16. SOCIAL SECU		Address 1018 Heather
	(Yes, no, or unkown) (livesgive were deles of service)	Clara Elizabeth	Harrison-Takoma Park Md.
	18. CAUSE OF DEATH [Enter only one ceuse per into for (s), (b),	end (c).]	INTERVAL BETWEEN ONSST AND PEATH
	PART I. DEATH WAS CAUSED BY MMEDIATE CALSE (e) Varcella	a collapse and are	
	13.3 DUE TO		
	Conditions 'f any, which geve rise to immediate cause	y for Brain to	mer
	(a), sleting the underlying DUE TO	ntal inalionant.	have for an 6 is more
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		The state of the s
	OTA STATE OF THE S	100 Marie (100 Marie (PERFORMED? YES NO F
	200. ACCIDENT WAS UNDERLYING 1 206. DESCR BE HOW NOR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IJURY OCCURED. (Enter nature of rigary in Peri I or	Peri I of tem 18.)
1	2Dc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCUMENTAL Month of While Not While St work st work st work st work		(County) (State)
1	21. I certify that (I) (this hospital) attended the de	ceased from 12 /12 1966	1012/20, 1860 that (I) (we) last
/	saw the deceased alive on 12/20	and that death occured at M.	from the causes and on the date stated above.
	222 SIGNATURE	ATTEND NG MED.	STAFF 12/20/65 SIGNED
	22c. Phrisician's	M.D. PHYS. DIRECTOR	- 120,00
	NAME (Type) John 1. LCRD	1015 Spring	St. Silver Springs Ut.
	DELACY AL (Speciful		Kinsale Westmoreland Co.
	burial 12/24/00 Carme		- Virginia -
	24 FUNERAL DIRECTOR'S SIGNATURE 2901 1/40/	DIPERTANAMA DECA	EGISTRAR 256, REGISTRAR STONATURE 3 160 C - Lord L. Thomas
	The S.H. Hines Co washington	9.D.C. IDATE	

Reported to and approved by Montgomery County _ Medical Examiner. 12-20-60 -- 3:00 P.M.

John T. Lord, MD 12-20-60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No he functionalized of should be shoul 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND Montgomery Montgomerv CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Takoma Park. Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington Sanitarium & Hospital 121 Whitmoor Terrace YES NO T NAME OF 4. DATE Middle Day Year DECEASED OF DEATH (Type or print) Hart December 19 60 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED TO 8 DATE OF BIRTH Days complet papers. Female WIDOWED [DIVORCED | Whi te December 14. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 72 hours Houston Humes Carter Rowse 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address father 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 雹 PART I DEATH WAS CAUSED BY: Ervthroblastosis fetalis since birth IMMEDIATE CAUSE (o) **DUE TO** Ë 9119 Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the undericate has been si the buriol-transit lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Bilateral pulmonary atelectasis, very severe YES NO [] 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Parl II of item 18.) ő MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (State) (Country) factory, street, office bldg, etc.) Hour o.m. While Not while of work of work 21. I certify that I attended the deceased from Dac 14, 1960, toD 1960 that I last sow the deceased 1960, and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) Elizabeth Chickering. Connecticut Ave. N.W. Wash. D.C. noy be 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City fown or county) (Stote) REMOVAL (Specify) Washington Sanitarium and Hospital. Cremation Takoma Park 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 Robert A. Hare, M. D. Washington Sanitarium and one pritate '60 & May S. Turned

death.

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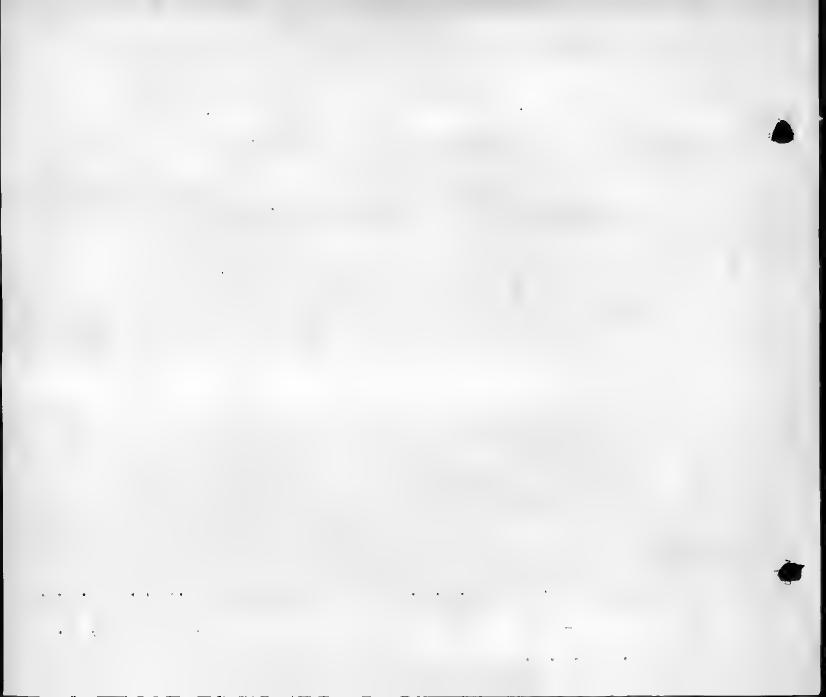
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Dist. No. 14056

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٦,	PLACE OF DEATH o. CQLNTY	144 PMZ 4 NP	2. USUAL RESIDENCE (Where deceased o SIATE	b COUNTY.	ore admission)
	Mantamery	MARYLAND	marulana	111111111111111111111111111111111111111	222011
	b. CITY OR TOWN (If outside corporate limits, write BUBAL and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpore	te limits, write RURAL and give no	egresi town)
4	Betherda	Haa.	Densingto	un ti	
	d. NAME OF HOSPITAL (If not in hospital, give street a OR NSTITUTION	ddfess)	d STREET ADDRESS	1 3	a IS RESIDENCE
	Buburban		98046416	e priver	YES NO
).	NAME OF First DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Mighth D	lay Year
_	401160	Halfiell	14/14/11/4///	1/10/- /-	5 1960C
	SEX 6. COLOR OR RACE 7. MARRI	ED 🔲 NEVER MARRIED 🔲 🕹	d. DATE OF BIRTH	The state of the s	R IF JINDER 24 HRS
	/ WIDOWE		2:14 1882	/ Y yrs	Hours Min.
0	 USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if relired) 	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign cou	intry) 12 CITIZEN C	F WHAT COUNTRY
1	18 M - redent lant. 6	misse	14200	16	2.
3	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	(1)	
	Altenia 1.B. Du	1.1.25	Escalling		,
		OCIAL SECURITY NO.	NFORMANT	Address	mel.,
,,	m, no, or unknown) (If yes, give war ar dates of service)	None A	1. 10 Hala 6504	Bubl. De Ker	mine La
	18. CAUSE OF DEATH [Enter only one couse per lin-		14 11 131 1001	IN	TERVA POETWEEN
	PART I. DEATH WAS CAUSED BY:	. 0.110 1	e1 - 1/	10	ISET AND DEATH
	IMMEDIATE CAUSE (6)	reversable	e drock		X7-11
	DUE TO	pm 1 1	- 51		
	Conditions, if ony, which)	nearchoi	a of Henry	· IEINMOUA	2-32
	gove rise to immediate	,	, 0,1, 1, 20,00,	J. J	- 100
	couse (o), stating the under- tying couse tost.	Mesenti	eric Venous	. thrombosis	UNK.
PICATION	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
4					PERFORMED?
	200 ACCIDENT WAS LINDER VING TO 1205 DESC	PIRE HOW INTERPLOY OCCUPRE	D (Enter nature of injury in Part I or Part	il of item 18.1	
CERT	206. ACCIDENT WAS UNDERLYING 206 DESCO	KIBL HOTT HTOKE OCCORRE	Cities reside of infory in Fort Co. Co.		
- 4					
MEDICAL MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d IN Hour p. m. While	for the state of t	ACE OF INJURY (Hame, form, †20f. (City of clary, street, office bldg., etc.) !	or fawn) (County	(State
MEL	Hour o. m. While of work	Not while			
	21. I certify that I attended the decease	ed from Fob	(, 1960, to press	19,that I last sa	w the decease
	alive on 12/15 196	C and that death	occurred at LCSP_M, from the		
		, dila mai deam		eel, city or town, state)	DATE SIGNE
	ACTUAL //		DEAT CO.	A	1
	SIGNATURE ALTON	myrom	M.D. 0000 CONIL		_12/16/18
	PHYSICIAN'S / / P // P	-1-	α α	· no	, , ,
	NAME (Type) / JOHN	MOU	LAPING Chare	15 1/EV:	
2	BUR A., CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATH	ON (City, fown, or county)	(State)
1	ur-Transit 12/18/60		tery Mur	cy. Pennsylva	anie
_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY REGISTR		
-			ryland are pro 2 1 10		_

death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours,

A.

TO HOSPITAL VS A1S (4) 1SM 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY Poge 6 COUNTY MARYLAND Files b. CITY OR TOWN (1 a) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ٠. ان d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS retained Slare NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 621 9. AGE In years 6. COLOR OR RACE MARRIED THE NEVER MARRIED TO B DATE OF BIRTH IF UNDER TYEAR lest birthdays Months WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? oge during most of working life, even it retiped) 14. MOTHER'S MAIDEN NAME 23. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT III yes, nive war as dates of services 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part F or Part II of Item 18.) 200, EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING TO 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or lown) (County) foctory, street, office bldg., etc.) Hour a.m. Not while el work 🔲 at work 📋 p in. 21. 1 certify that I took charge of the remains described above, held an Autopsy []. Inspection []. Inquiry 2 should be forworded FUNERAL DIRECTOR: opinion death resulted from. Natural causes 📆, Accident 🔲, Suicide . Homicide . Undetermined manner **ACTUAL** CHIEF MEDICAL EXAMINER **SIGNATURE EXAMINER'S** DEPUTY MEDICAL EXAMINER TH NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION, 225 DATE THEREOF

DANZANSKY JSONS-352

ON A FARM YES 🔲 NO 🗒

19 60

IF UNDER 24 HRS

ONSET AND DEATH

YES 📑

PERFORMED? NO Z

(Stote)

and in my

DATE SIGNED

(State)

22d LOCATION (City, lown, or county)

246. REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

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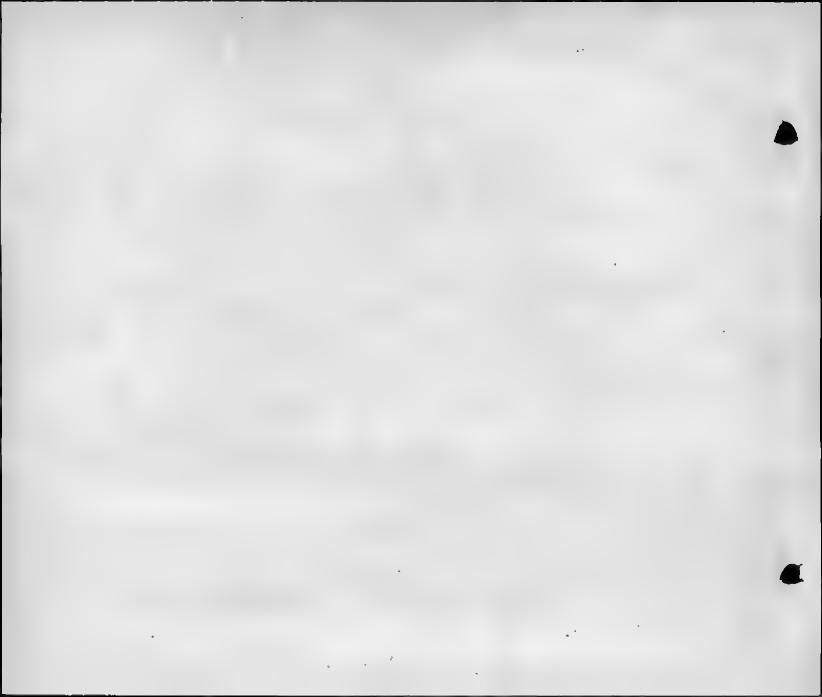
2 A15ME 5M 2/57

REMOVAL (Specify)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, **BALTIMORE 1. MARYLAND** 4 12 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If Institution, Residence before admission) e. COUNTY A hould be executed within 24 hours after death. If any documensary, "in pencil in them 18, Give Pages 1, 2, and 3 to the funeral director, Page Office along with form PM3. Page 5 may be retained for your files. burial-transity-pexuit. File pages 1 and 2 with the State Board of Health, moval, and in any event within 72 hours after death. e. STATE COHNTY b. CITY OR TOWN (if ouls of corporate lim is c. LENGTH OF STAY IN 16 outs de corporale limits, write RURAL and give neerest town; write RURAL and give regrest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO NAME OF Middle Yeer DECEASED OF (Type or print) DEATH 1960 COLOR OR RACE AGE (In Vents) IF UNDER 1 YEAR TE UNDER 24 HRS. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) | Months Hours Min. WIDOWED [D-VORCED JUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ; (Ifyesgivewerordelasofservical 18. CAUSE OF DEATH (Enter only one cause par line for (er. .h), and (c). I INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE-TO removal. Conditions, if any, which V gave rise to immediate cause "pending" 40 lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's DUE TO (e), staring the undarlying 10 cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? NO pluods CERTIFIC 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY ME or CONTRIBUTING CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 204. PLACE OF INJURY (Home, form. 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year (County) (State) factory, street, office bldg., atc.) 0 While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K agent, death resulted from-Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 22a, BURIAL, CREMATION ! 226. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) [Stete] REMOYAL (Specify) Pleasant Grove 0 ₽40 ^Ruria] Purdum 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilling S. Health Damascus 5M 7/59

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Residence before admission) necessary, actor, Page iles. e. COUNTY n. STATE b. COUNTY Montgomery MARYLAND director. P b. CITY OR TOWN of outs'de corporete am Is, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown) Wide RURAL and give gegrest fown) Cabin John Bethesda Cabin John d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tel, give street address d. STREET ADDRESS ò retained State Suburhan Carver Rd 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Ethel Henderson Mae With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (n years HE UNDER 1 YEAR ! IF UNDER 24 HRS B. DATE OF BIRTH may 2 wi⊞ age 5 may 1 and 2 will 72 hours last birthday) Months, WIDOWED DIVORCED 37 yrs. 1 IDe USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) pages | within Housewife P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give | John Tate Elizabeth Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yas, no, or unkown) | (If yes give we ror detes of service) ****** in Hem William Henderson (husband) same as 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) Office along v burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) pencil DUE TO Conditions, if any, which geve rise la immediale couse ro. DUE TO (a), stating the underlying Examiner cause last. d be used PART II. OTHER SIGN FIGANT CONDITIONS CONTR BUT NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19, WAS AUTOPSY Medical should be 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. m 2Dc. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form, 20f. (City or town) . factory, street, office bldg., etc.) While Not While el work et work sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy 📈. Inspection Inquiry MEDICAL death resulted from. Natural causes Accident Suicide Undetermined manner Homicide I CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) nant Address (Street, city, town, or county) 9999 22c. NAME OF CEMETERY OR GREMATORY 270 BURIAL CREMATION T 22b. DATE THEREOF 22d. LOCATION (City, Idwn, or countried 40 6 24s. REC'D BY REGISTRAR | 246. REGISTRAR'S S.GNATURE

Montgomery

IS RESIDENCE

YES NO T

12. CITIZEN OF WHAT COUNTRY?

above

(County)

INTERVAL BETWEEN

CHIET AND DEATH

PERFORMED?

and in my opinion

DATE SIGNED

Thates

NO

U.S.A.

ON A FARM?

VS. ATSME 5M 7/59

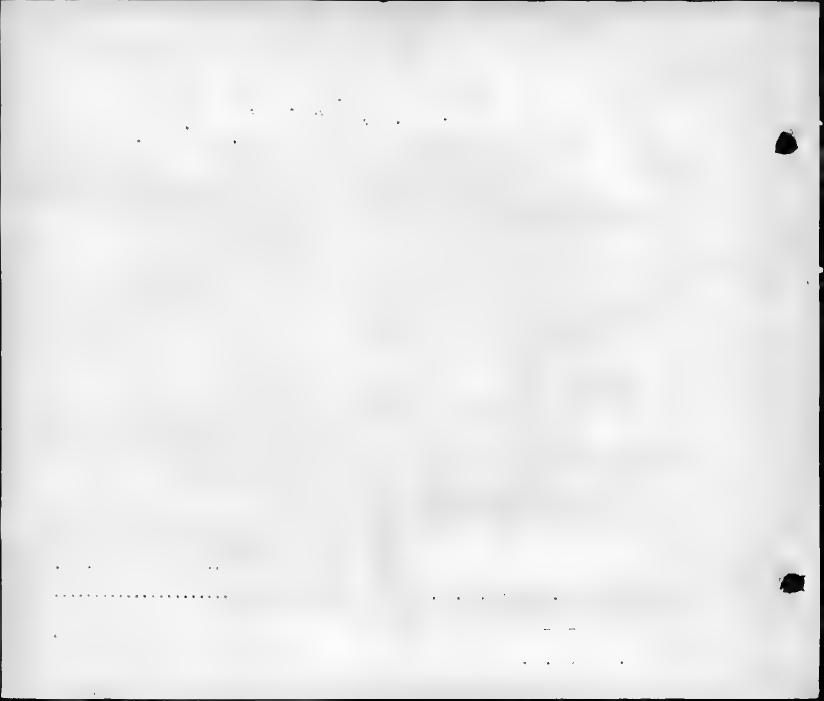


14036CERTIFICATE OF DEATH Reg. Dist. No. funeral director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. countontgome ry . STATE Maryland MARYLAND Montgomery b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Silver Spring, Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS Apt. 101 e. IS RESIDENCE ON A FARM? Manchester Pl. Wayne Apts. Washington Sanitarium and Hospital YES TO NO PA puo NAME OF Middle 4. DATE Year filled of December [Type or print] Herbert 60 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 5. SEX B. DATE OF BIRTH P AGE (In years lost birthday) IF UNDER LYFAR IF UNDER 24 HRS. Months Dova Hours Female DIVORCED [WIDOWED [7] Dec. 6. 1960 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) corbon pope after death. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Takoma Park. Md. 13) FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Patricia :move Hannell hours Herbert Mary Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address aftending 18 CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO **DUE TO** á Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse lost. **burial-transit** physicion (c). been CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? hos YES NO D 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Port II of item 18.] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY IHome, form, 20f (City or town) Doy, Year 20d, INJURY OCCURRED (County) (Stafe) factory, street, office bldg., etc.) Hour o. m. White Not while of work at work Ę detoched ____, and that death occurred ot______M, from the causes and an the date stated above alive on DIRECTOR: ADDRESS (Street, city or lown, state) DATE SIGNED 0 Them MD. 927 Pershing Dr., Silver Spring, Md. è, O FUNERAL DIN PHYSICIAN'S NAME (Type) Winston E. Cochran, M. D. same as above. 220. BURIAL, CREMAT ON. | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown or county) REMOVAL (Specify)
Cremation 12-13-60 Washington Sanitarium and Hospital Takoma Park, Md 10 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Robert A. Hare, M. D. Washington Sanitarium and Mos of Calif '60 C my S. Timeth

fer death. Poge

requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

14130

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1406;

	1.]	PLACE OF DEATH o. COUNTY		2. USUAL RESID	ENCE (Where deceased		in: Residence before	e admission)	
B	Ι.	Mon Leonery	MARYLAND	G. SIAIL	MARYLAN	b. COUNTY	Montz.	mes 1	
		b CITY OR TOWN (If out the carporate lights, write c. RURAT and give seatest lown)	LENGTH OF STAY IN 16	c. CITY OR T	OWN (If guiside carpore	ate limils, write RI	JRAL and give lear	rest tawn)	
	_	Delhesda	4 house	~ . 0	ilrev -)	PRING			
14		d NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION Life The Company of the	pess)	d. STREET A	DORESS Chara	el Pel.		ON A FARM? YES NO 1	
i	3.	NAME OF First	Middle	iast	4. DATE	Мал	th Dan	Yenr	
		(Type or print) ERNES +	DANIEL	Heri	der DEATH	12	_ 14	19 Lec	
_	5. 9	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	9. AGE (In years last birthday)	IF UNDER TYEAR		
1	1	m WIDOWED		10-主	E-1907	53 m	Months Days	Haurs Min	
١	1000	USUAL OCCUPATION (Give kind of work dane 10b. KIN daying most of working life, even if retired)	T AL CO	TRY 11 BIRTHPL	ACE (State or toreign co	unify)	12 CHIZEN OF	S A	
	13.	FATHER'S PAME	001111	14. MOTHER'S	MAIDEN NAME				
		William G.S. Herid	Per .	mar	y Rede	J			
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SO(15, no. of unknown) (If yes, give wor or dates of service)	CAL SECURITY NO 17 IN	FORMANT	11 12 /	. Addr	ess		
		no 40.	2-05-4567 70	wille	Hender	upe) 1	Sane es	above	
		1B. CAUSE OF DEATH [Enter only one cause per line 6	or (a), (b), and (c)]			-g -J	INTE	RVAL BETWEEN	
		PART I, DEATH WAS CAUSED BY:	701V5 (F	PERR	Or HEAT	108214	SEE_ ONS	ET AND DEATH	
		IMMEDIATE CAUSE (o)	131VC OC	100 10 101			111111111111111111111111111111111111111	/ /FAJ.	
	0 00000 1/100000 1/10000000000000000000								
		Conditions, if any, which (b)	16NATVI 14	HUMAN	11 14472	CICTYSI	C. 30 7.	7/62 1	
		cause (a), stating the under-			,				
	7	lying cause last.) (c)							
)	CATION	Part II OTHER SIGNIFICANT CONDITIONS CON	ATRIBUTENCE TO DEVITE BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERFORMED?	
	CERTIFI	20g ACCIDENT WAS UNDERLYING TO DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	(Enter nature at	Finjury in Part 1 or Part	II of item 18 }			
	Z K	20c TIME OF INJURY Manth, Day, Year 20d INJU			lome farm, 20f (City	ar lown)	(County)	(Stote	
	MEDICAL	Haur a. m. 19 While at wark	Nat while tac	tary, street, affice	bldg, etc)				
		21. I certify that (I) (this hospital) attended			1958 to 1		. 19.60, the		
		saw the deceased alive an 140EL.	19.60 and that d	eath accurred	1 6 50 M, fram 1	the causes on	d on the date	stated above	
		720 SIGNATURE	. 0 .		. /			225 DATE SIGNED	
	L	o marshall eurlhe	L. M. MED	ATTENDING	MED DIRECTOR [STAFF PHYS	14	1) Ec. 60	
		PAGE (Type) L. MARSHALL CUVII	LLIER, JR.	1407 1	Woodside Pk	wy, Silv	er Spring	, Md.	
	230	BUR AL, CREMATION 236 DATE THEREOF 2	3c NAME OF CEMETERY OF	CREMATORY	234 LOCAT	ION (City fown, i	or capaty)	(State)	
erts.	,	REMOVAL (Specify)	PARKLAWN CEME		MONTGO		NIY, MARY	. ' . '	
	24			1	250 REC'D BY REGISTE		TRAR'S SIGNATUR		
	13	THE RECTOR PURPLEY, INC. SI	ILVER"SPRING,	MD.	0.00.0.1				
	J	ruynies-a u roks			DATE DEC 21	DU (Inthon 8. The	DA LA	

may be reto. To the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Tages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Pr death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haum

TO HOSPITAL VR A15 (4) ISM 9/59

death. Page 4 TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and competebly filled in by the funeral director, TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and competed filled in by the funeral page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial-transit permit and in any event, within 72 hours—the quality.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours,

TO HOSPITAL

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14131

		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived institution: Residence before admission) STATE COUNTY MARYLAND STATE COUNTY DESCRIPTION COUNTY COUNTY COUNTY DESCRIPTION COUNTY						
ŀ	ь	CITY OR TOWN (If aut) de corporate limits, write c, LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		RURAL and give nearest town) = 201/0,2das Tikinna 18-1						
	c	NAME OF HOSPITAL (II not in haspital give street address) OR INSTITUTION OR A FARM?						
	_	Brooks Strong townsofton Die ONO ROOTILKE AT TES NO D						
	0	IAME OF Last Day Veer OF DEATH Day Veer OF DEATH Day Veer OF DEATH Day Veer OF DEATH DECEMBER DECE						
Ī	S 5	20 1070 lost birthdoy) Months Doys Hours Min.						
-		OFFICE WIDOWED DIVORCED LACE OF 18 yrs						
	10o	USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) SALESMAN (retired) REAL ESTATE REAL ESTATE REAL ESTATE REAL ESTATE						
	13. (AC 3 C 8/1 #/:// SARAH LODGE						
ŀ		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 82 C & The Pick Ha						
	(70)	NO (If yes give war or dates of service) 579=38=3669 775 F > 2051 & Hill Take run 1074						
		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET, AND DEATH						
	PART I DEATH WAS CAUSED BY: Vann Manuellas (1)							
-	T 5 C DUE TO							
	Conditions, if any, which) the Carillace frequer							
		gove rise to immediate Couse (a), stating the under-						
1	_	tying couse lost 1 10 22 vol. Dunger 7 and . Doch						
	CATION	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY FERFORMED? YES NO						
	Ē	290. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of from 18.)						
	MED CAL	20c. T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a m. P. m 19 While Not while at wark of work of						
		21 I certify that (1) (this haspital) attended the deceased from 7/cv 6, 1960, to Dec 22, 1960, that (1) (we) last						
		saw the deceased alive an DRC 26. 1966, and that death occurred at 5.0M, from the causes and an the date stated above						
		220. SIGNATURE ATTENDING MED STAFF 22b DATE SIGNED						
		J, < 22 (1 1 K); MD PHYS □ DIRECTOR □ PHYS □ 12/22/60						
		22c PHY CAN'S NAME (Type) JOHN B. ZIFGLER OI NEY, MATYLAND						
230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (SI								
	Ī	REMOVAL (Specify) N'RIAL 12/27/60 ROCK CREEK CEMETERY WASHINGTON, D.C.						
	24 K	THERAL DIRECTOR'S S GNATURE ADDRESS SILVER SPRING, MD. 250. RECID BY REGISTRAR'S SIGNATURE CITYLE L. PLMPHR Y INC. SILVER SPRING, MD. DEC 2 9 '60 DATE						



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CED	TIFIC	ATE C	E D	EATL
		41E V	IT L	EALIN

	14037 CERTIFICA	ATE OF DEATH	Reg. Dist. No.				
	o. COUNTY Martanne w MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institute of STATE B COUNTY					
	b CITY OR TOWN (If outside corporate lights, write RURAL and give nearest fown) Tokoma Park	CCITY OR TOWN (If outside corporate limits, write it wheaton	tURAL and give nearest town				
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTON Up of the common Common Tipe of the common tipe of t	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Washington Sant, Hospital B. NAME OF First / Middle /	12712 Feldon St.	YES NO THE				
	(Type or print) MANCES V. HILLE	OF DEATH Decemb					
	female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	lost birthdoy)	Months Doys Hours Min				
ŀ	Do. USUAL OCCUPATION (Give kind of work door 10h KIND OF BUSINESS OF INDUS	June 21, 1918 42 yrs STRY [11 BIRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY				
	Staticall clerk Government	Washington D.C.	U.S.A.				
.]	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
	Charly F. Fairfax WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117 III	Constance Clark					
1	(If yes, give war or dates of service)	NFORMANT					
ŀ		. Doyle R. Hilley 12712 Fe	Idon St. Wheaton				
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) My Cardial Marchine INTERVAL BETWEEN ONSE AND PEATH ONSE AND PEATH						
	4) © DUE TO						
	Conditions, if any, which) (b) (Itlere ocleratic vascular diagram y Can						
	gove rise to immediate cause (a), stating the under-						
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	FN IN PART I/AV 19 WAS ALLTOPEY				
			PERFORMED? YES NO NO				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part Lor Part II of item 18.)					
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLA Hour o. m. 19 of work 0 of work 1	ACE OF INJURY (Home, Form, 20f (City or town) tory, street, affice bldg , etc.)	(County) (State)				
	21. I certify that attended the deceased from $\frac{9}{2}$ 2 alive an $\frac{19}{2}$ $\frac{9}{2}$, and that death		Athat I last saw the deceased and an the date stated abave				
	SIGNATURE Charles the Weberty	ADDRESS (Street, city or lown,					
	PHYSICIAN'S Charles M. Weber M.D.						
2	20 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		or county) (State)				
-		tional Cemetery Arlington	Va.				
1	Walter Deal Funeral Home 4812 Ga. Ave.	Da Ca Date 24b. REGISTRAR 24b. REGISTRAR	STRAR'S SIGNATURE				





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14065

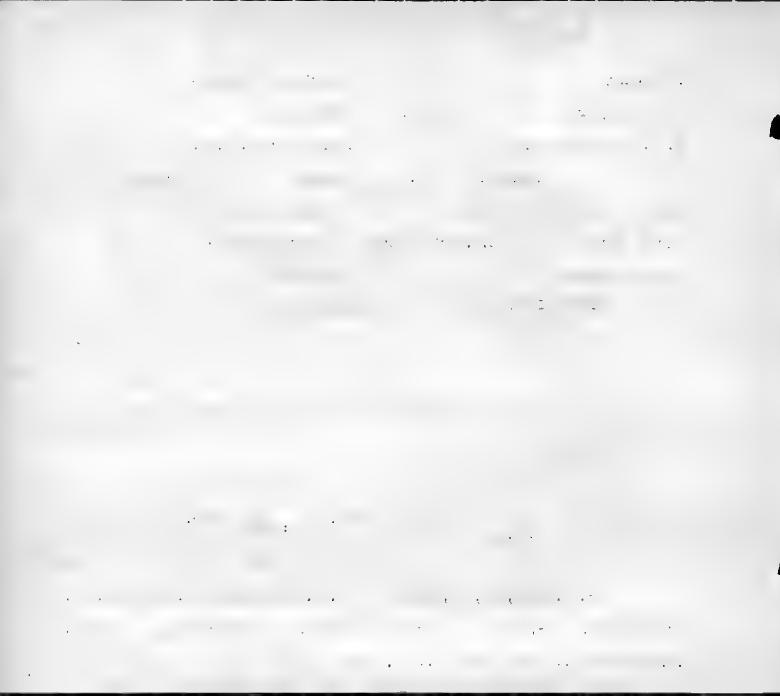
3 5. NOLLY											
ч	2	PLACE OF DEATH COUNTY Montgomery			MAR	rland 2.	usual residence o state District	•	h COUNTY	in: Residence l	before admission)
_	ŧ	b. CITY OR TOWN (If autsid RURAL and give nearest to		write c. L	ENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If autside carpe	orate limits, write RL	JRAL and give	pearest town)
		Bethesda (Rur	al)		15 days	3	Washingto			47	7
		d. NAME OF HOSPITAL (IF a	not in hospitol, give	street oddre	135)		d. STREET ADDRESS	S			e. IS RESIDENCE
1		U. S. Naval B	ospital				1901 K St	reet, I	. W.		YES NO
4	3 1	NAME OF DECEASED	First		Middle		Last	4. DATE	Mon	ħ	Day Year
		(Type or print)	Regi		P.		HODGDON	DEATH	Dece	ember	6 19 60
	5. S	SEX 6. CC	DLOR OR RACE 7	MARRIED	NEVER MARRI	ED X 8 D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Do	YEAR IF UNDER 24 HR
	- 1	Male Ca	ucasian "	VIDOWED [DIVORCE	D 🗌	3-21-92		68 yrs.	Months Do	lys Hours Min.
	100	USUAL OCCUPATION (G during most of working life	re kind of work do			OR INDUSTRY	11, BIRTHPLACE (SI	ate ar foreign ((auntry)	12 CITIZE	N OF WHAT COUNTR
		Armed Forces		U.S.	Marine (orps	Mass	achuset	ts	บร	SA
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME			
I	رز	Parklin HODGE	ON				Jenny OR	NE			
	1/5	WAS DECEASED EVER IN U	S. ARMED FORCE	\$7 16. SOCI	AL SECURITY NO	17, INFOI	MANT		Addr	ess	
			B WWI-WW		-58-1956	Hos	ital Reco	rds			
		18. CAUSE OF DEATH [E	nier anly and cous	e per line for	(a), (b), and (c)	1	- 4 3	. •			INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY. CICLLE pancreatitis ONSET AND DEATH 4 Weeks									
		5 8 7 O DUE TO									
		Conditions, If any, which) (b)									
		gave rise to immediate (DUS TO									
	couse (a), stating the under- lying cause last. (c)										
	Z										
	AT§										PERFORMED?
-		200 ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING 1 20 USE OF DEATH	DESCRIBE	HOW INJURY O	CCURRED. (E	nter noture of injury	in Part I ar Pa	rt II of item 18)		
		20c. TIME OF INJURY Ma		20d INJUR	Y OCCURRED	20e PLACE	OF INJURY (Home, I	form. 20f (Cit	v ar lown)	(Cau	enty) (Stat
	MEDIC	Hour a m.	19	While	Not while		, street, office bldg.,		,,	(000	,
	2	p. m.			of work			(5	- ((0	
		21 certify that (1)	(this hospital)	attended 1	the deceased	fram	OV. 21 9:	20PM 10-	_Deco	, 19_, D U	I that (1) (we) la
		saw the deceased a	live on _ Dec	·b	19 .60 , and	that deal	h accurred of	M, fram	the causes an	d on the d	date stated above
1		22d S.GNATURE 12	4 P1	^ 0			ATTENDING _	MED	STAFF		SIGNE
		22c PHYS CIAN'S	NMI			M D	PHYS 22d ADDRESS	DIRECTOR	PHYS 💟		12-7-60
		NAME (Type)									
-	90		H. RICE						pital, Be		
-		BURIAL, CREMATION, 23 REMOVAL (Specify)			NAME OF CEN				TION (City, town, o	1.	(Slote)
t		urial-Shipmen		U		HILL	Cemetery		ucester		Mass.
					ADDRESS			REC'D BY REGIS	1	STRAR'S SIGN	
	W	.W.Chambers C	0 1400	Chani	n St 1	W. Was	hDC DATE	DEC 8 '6	V Chi	Lun S. Kr	SALVA

may be retain to a the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation ar removal, and in any event, within 72 hours after death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. TO HOSPITAL O

death Page 4

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH motion Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. If Institution, Residence before admission) e. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If ourside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neapest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle DATE Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE |In years IF UNDER TYEAR 7. MARRIED NEVER MARRIED [] 8. DATE OF last birthday) mal o WIDOWED | DIVORCED FT yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 11. BIRTHPEACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 TORGER 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT TOCCOA GEORGIA 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove tise to immediate couse **DUE TO** (0), stoting the underlying COULD JOST. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS ALITOPSY 6 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) factory, street, office bldg., etc.) Hour o.m. While Not while et work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that to the Chief J. DIRECTOR: 6 death resulted from: Natural causes [2], Accident , Svicide , Homicide , Undetermined cause . ACTUAL Thank M.D CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER A NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Bethesda, Md.

ADDRESS

VS. A15ME(5) SM 9/55

0

220. BURIAL, CREMATION, 22b. DATE THEREOF

ROBERT A. PUMPHREY

23. FUNERAL DIRECTOR'S SIGNATURE

2-24-60

Washington Prairie, Towo Lutheran Church Cem. 24a, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 9 '60 Cirthur S. Huma

22d. LOCATION (City, lown, or county)

IS RESIDENCE ON A FARM? YES | NO A

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

mille

PERFORMED? NO M

DATE SIGNED

(Stote)

19(200

Day

Days

(County)



FOR STATE HEALTH DEPT. TO DEPUTY **. ZDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Thepalth, or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death. V4

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14130 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	
	B. STATE B. COUNTY B. STATE
Y	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crite RURAL and give nearest town)
1	Dieteram R70
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM?
١.	Martinstung Rd "11 Urlinothing Rd YES NOD
14	NAME OF First Middle Last 4 DATE Month Day Year DECEASED
	(Typa or print) Maky Jane Hoyel DEATH AL 25 1960
2	SEX 6. COLOR OR LACE 7. MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE The years IT UNDER 1 YEAR IF UNDER 24 HRS
	Level Cal , WIROWED & DIVORCED ? 1892 GO yrs. Months Days Hours Min.
	Da. ISCAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY?
	Romerocke Mrd 91.5 G
1	FATHER'S NAME
	lukuron lukuron
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
V,	(Ifyasgivawarordatasofsorvica) Jose the Hoge - Dietection, hed.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
1	PART I. DEATH WAS CAUSED BY: Carcurage of Fare with alsuale of metrological
	196 DUETO
	Conditions, if any, which (b)
	gava risa lo immadiala causa
	(a), stating the underlying occurrence (course lest.
12	
1	PERFORMED? YES NO DA
1	YES NO ZOB. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enfor nature of Injury in Part I or Part II of Idem 18.)
A CITIZENS	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
10%	
Nan-	Hour e.m. White Not White factory, street, office bidg., alc.)
1	
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner .
	ACTUAL A CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINED ASSISTANT MEDICAL EXAMINED
	SIGNATURE M.D. SIGNATURE M.D.
	EXAMINER'S LIANT RESIDENT MEDICAL EXAMINER (12-25-60)
12	NAME (Typa)
1	REMOVAL (Specify) 12/2 VIC.
1	5. FUNERAL DIRECTOR / ADDRESS / 1248. REC'D BY REGISTRAR'S SIGNATURE
1	A CA . A sea of the contract o
L	Theit L' Drunder Judio Jan 4 161 Chillian J. 1000



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14136 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE FAITH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) o. COUNTY Files. Health, O. STATE b. COUNTY MARYLAND Montgomery Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and the negrest town) b. CITY OR TOWN (It outside corporate timils, write RURAL c. LENGTH OF STAY IN 16 50 DOA Bethesda Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FAPIA Suburban Hosp. 5821 Bradley Blvd YES 🔲 NO 🚮 o NAME OF Eintl Middie Month Yeor DECEASED Type or print) Clanda Hunt DEATH Dec. 19 60 5. SEX 6. COLOR OR RACE 7- MARRIED T NEVER MARRIED 1 8. DATE OF B RTH 9 AGE (In years TIFUNDER TYEAR IF UNDER 24 HPS lost birthday) Months Dovs Hours male white WIDOWED [DIVORCED [7] SO 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 0 Southern Railway poges 1 Poges 13. FATHER'S NAME 14. MOTHER'S MANEN NAME ARMED FORCES? THE SOCIAL SECURITY NO 17. INFORMAN Ü Elva D. Hunt-wife-same above 2d No Iinknown 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: Carbon monoxide poisuring IMMED ATE CAUSE (o) 0 **BUE TO** Candilians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cours lost. PART II. OTHER SIGNIT CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY sed, Bliod contained ethel alcohol . 1 . carbon moneyice 4, 2 PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Fort II of Item 18) Pe outd o CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f. (City or fown) (County) (Store) factory, street, affice bldg., etc.) Hour a. m. Not while at work of work 21. I certify that I took charge of the remains described above, held an Autapsy 7. Inspection 1. Inquiry and in my should be forworded FUNERAL DIRECTOR: Suicide A. Homicide . Undetermined manner opinion death resulted from: Natural couses . Accident ... designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Frank J. Broschart NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 1226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, fewn, or county) (Stota) Burial 27/60 Rock Creek Cemetery Washington, D. C. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS ATSME Bethesda, Maryland S. Pumphrey DATE DEC 2 9 '60 William & Thomas 5M 2/57



· ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

VR A1S (4) 15M 9/5P

24 PUNERAL DIRECTOR'S SIGNATURE

25b, REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DEC 1 9 '60

YES NO

Year

AND DEATH

PERFORMED? YES IN NO [

(State)

GO S GNED 226 DATE

(State)

Hours

19 60

13/2/51

A Miller

deoth. Pages etely Dapers 0 puo physician гетоме ottending please that the death ORY the ۵ permit. removal, signed **buriol-transit** Б has been offending certificate ar After this detached far O FUNERAL DIRECTOR. by the Board of page 3 the State 9

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NAME OF DECEASED

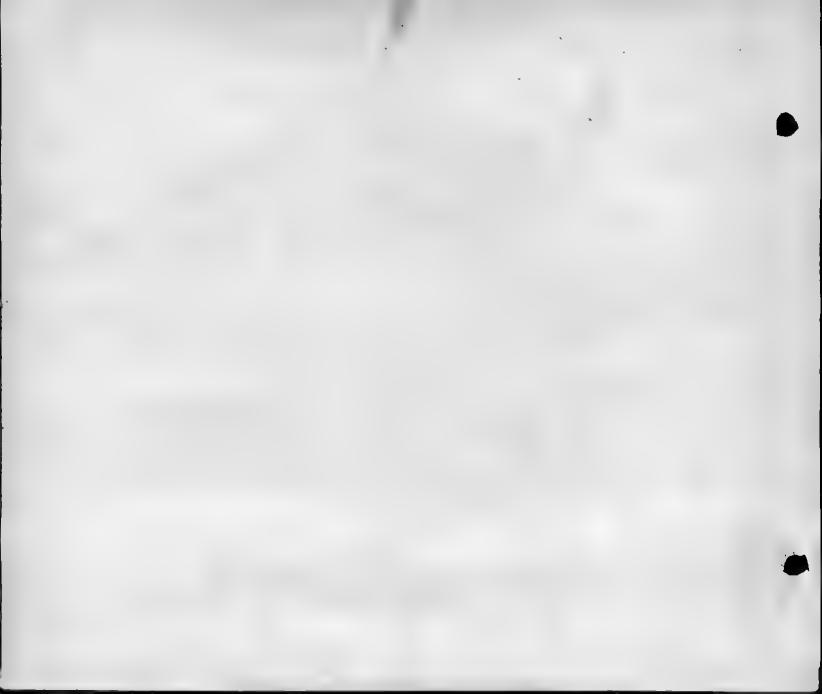
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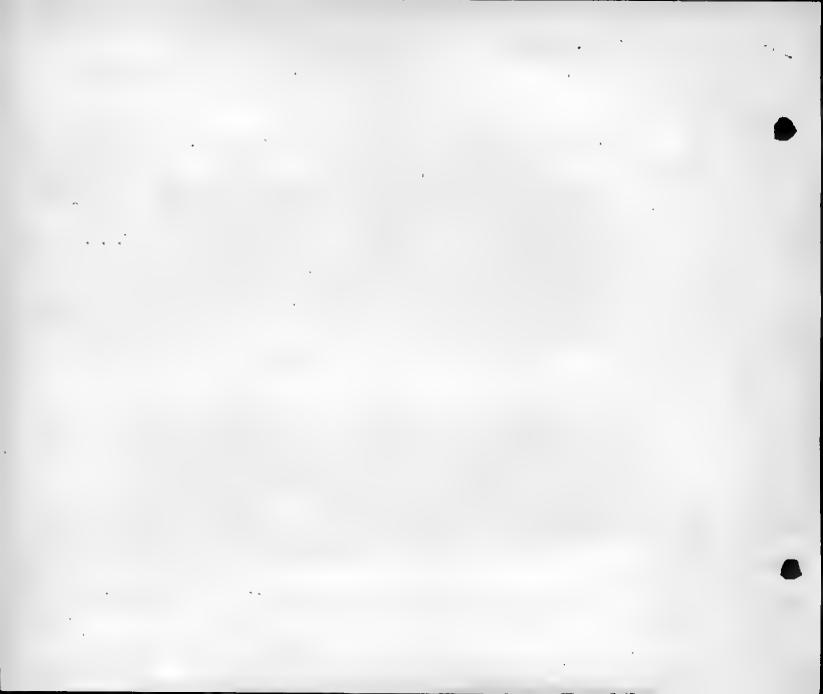
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OFFIT		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
C STATE	-	14139 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	T
III UEP 17		PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	fore admiss on
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afte	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B TATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UN	NDER 24 HRS.
Silv		male White WIDOWED DIVORCED NOV, 26-23 37 yrs	urs Min
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in 7	42	labour Va	
3/	13.	FATHER'S NAME ROSA OQUIN	
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	2-
	(*)	ns, no, or unkown) (Ifyasgive werordatasofservice)	
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2		PARTI DEATH WAS CAUSED BY ACITE hemorrh Lio atritis	AND DEATH
		583 × DUE TO	
		Conditions, if any, which (b) Cin ti in & eden. I lun	
		geve rise to immediata causa [a], stating the undarlying DUE 10	
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19, W.	(AC ALLTONOV
mollon,	CERTIFICATION	P	PERFORMED?
den de la company de la compan	J.FIC.	YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of Injury In Part or Part of Item 18.)	X NO
ACCOUNT OF THE PARTY OF	CERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
ğ	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Statu)
	MEDI	Hour a.m. While Not While factory, street, office bldg., alc.) p.m. 19 at work et work	
		21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection . Inquiry . and in m	ny opin io n
		death resulted from. Natural causes X. Accident . Suicide . Homicide . Undetermined manner .	
8 7		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER TO DATE	
		SIGNATURE WILLIAM TO STATE AND ASSISTANT MEDICAL EXAMINER L	SIGNED
designs		EXAMINER'S NAME (Type) FANK J. Broschant Address (Street, city, lown, or county)	60
its de	22a	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or Country)	(State)
<u>_</u>		The vial 12/30/60 proud the	-x (-
e E	23	Properal Director ADDRESS	
		The following Stranger of the Continue Stranger	







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图 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14(174
HEALTH DEPT.	1. PLACE OF DEATH
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of the state of th	b. CITY OR TOWN (1 outside exporata I mits, related town) and give nearest town) b. CITY OR TOWN (1 outside exporata I mits, write RURAL and give nearest town) c. CITY OR TOWN (1 outside exporata I mits, write RURAL and give nearest town)
	d NAME OF HOSP TAL OR INSTITUTION (if not in hospite, give streat address) d. STREET ADDRESS 1 . IS RESIDENCE
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any de funer fained state leath.	3. NAME OF First Giddle Last 4 DATE Month Day Year
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within 2. Give form Pt. File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address
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INE I	
Marie Salar	Hour s.m. While Not While Tectory, street, office diag., stc.)
X 9 4 2 5	₹ p.m. 19 of work 🔄
To T	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
DICAI e certifi earded RECT egent,	death resulted from Natural causes
	ACTUAL ACTIVAL
PUTY execute the second the seco	SIGNATURE WILLIAM AD ASSISTANT MEDICAL CAMPBILLA
Sign Sign	EXAMINER'S The OK T Rheenhalt DEPUTY MEDICAL EXAMINER - 12-29-60
	NAME (Typa) / / AWR / SC/12/17 Addrass (Streat, city, town, or county) 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
Short Short	REMOVAL (Specily)
5 g 4 5 g/	Durial Dec. 31 1960 Antgomery Meth. Clasettawille in Address 246. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME	(1) Pall Tt Day
5M 7/59	Dates & Popular S. Manual Dates 4 '61 arthur S. Kinna



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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X X X X IV				2 2 17 0						
PLACE OF DEATH o. CQUNTY		2. USUAL RESIDENCE (With d. STATE	iere deceased lived If institution R	esidence before admission)						
HONTEONERY	MARYLAND	DISTRIC	T of Column							
 b. C TY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RURAL	and give nearest town)						
BETHESDA	77 DAYS	WAShins	for D.C.							
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUT ON	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
RESMOE HOSPITA	<u> </u>	372/ 20	celyn St, NUS	YES NO DY						
3. NAME OF First	Middle	Last	4. DATE Month	Doy Year						
(Type or print) NEIlie	VERONICA	2 Kenting	DEATH DEC.	19 150						
5 SEX 6 COLOR OR RACE 7 MARR		B DATE OF BIRTH		INDER I YEAR IF JNDER 24 HRS						
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5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 II	FORMANT FUE	ENE Mullingadoress							
sives, no. or unknown If yes, give wor or dates of service;	a We	spheru) 300	SOUTHERN A	Elda. WASh & DC						
1B. CAUSE OF DEATH [Enter only one cause per fit	ne for (a), (b) and (c)	4		INTERVAL BETWEEN						
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	CONTRIBUTING TO DEATH B. IT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN I	N PART I(a) 19 WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES ☐ NO (\(\frac{1}{2}\)										
200 ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part II of item 18.)	1 63						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
3 20c TME OF INJURY Month, Day, Year 20d. if		ACE OF INJURY (Home, form		(County) (Stote)						
Hour a.m. While	SHUM MULE	ctary, street, affice bldg., etc	.)							
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21 I certify that (I) (this hospital) attend	/	1''	57, ta/2/19	1960_, that (I) (we) lost						
sow the deceosed olive on 14/17	19_60, and that a	leath occurred of	M, from the couses and o	22b DATE						
John 6. 6	nerett	M D PHYS.	ED. STAFF	SIGNED						
22c PHYSICIAN'S NAME (Type) JCHN E. E	VERETT	22d ADDRESS 9400 (CONN. AVE,	KENSINGTO						
23a BUR AL, CREMAT ON, 23b. DATE THEREOF REMOVAL (Specify) 12-22-60	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (C. ty. town, or co	(State)						
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 Cerrocory	C 2 8 '60	R S SIGNATURE						
No Work his Cot II	17 Muses	non in DATE	Cith	2 S. Frank						

and director, beritied with deoth. Poge 4

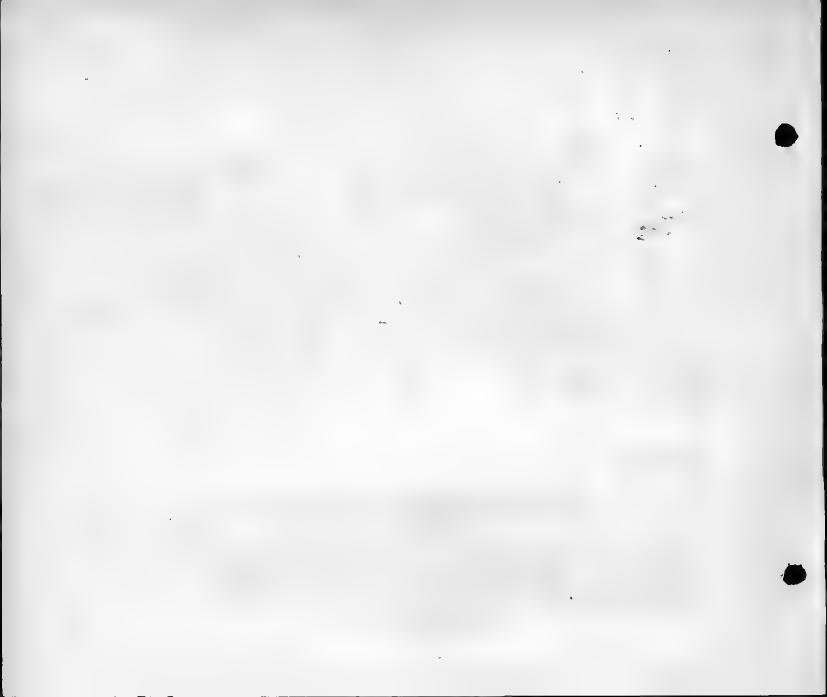
may be retained by the hospital or otherding physician.

TO FULLER II INTECTOR: After this mertificate how been signed by the otherding physician and completely filled in by the fippage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should he State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TTENDING PHYSICIAN: The low require that the death certificate be esecuted within 21 hours

TO HOSPITAL VR A15 (4) 15M 9/59



AARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14143 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Health, **b. COUNTY** files. MARYLAND b. CITY OR TOWN I'll outside a c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give present town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspito, give syget address) e IS RE DENICE ON A FARM? YES T NO W NAME OF DATE DECEASED OF (Type or print) DEATH 6 COLOR OF RACE MARRIED NEVER MARRIED TIB DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF LINDER 24 HRS last birthday) Months WIDOWED [] DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cugan Sive Poges ! form PM3. poges 13. FATHER'S NAME ₩. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (0) s Office **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (e), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port it of item 18) RO D 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF INJURY [Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bidg, etc.) While Not while of work of work 21. I certify that I took charge of the remains described above, held on Autapsy 1; Inspection 17. and in my should be forwarded i FUNERAL DIRECTOR: r its designated agent. opinion death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER REMOVAL (Specify) 22d LOCATION (City, town, or county) 23 FLINERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE VS. ATSME



EET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY Montgomery lontaomery MARYLAND c. CITY OR TOWN (Moulside corporate limits, write RURAL and give eerast town) E. LENGTH OF STAY IN 16 b. CITY OR TOWN , if oulse of corporate limits d. NAME OF HOSPITAL OR INSTITUTION, if not in hospital, give street address) IS RESIDENCE ON A FARM? Trescott YES NO X 3. NAME OF DECEASED OF DEATH (Type or print) 1960 Kendia 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE T MARRIED TO NEVER MARRIED lest buildey) Months Days WIDOWED | DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUS NESS OR INDUSTRY II. BIRTHPLACE (County State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carlway Express Haenen ding pl Edna L. Foose. 5. WAS DECEASED EVER NU.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. INFORMANT me as a bove INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e) ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Long Froya gave rise to immediate couse DUE TO [e], stating the underlying couse lest. PART I OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPSY PERFORMED? NO 🗇 OR CONTRIBUTING CAUSE OF DEATH (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stelle) 20c TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While ___Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from (7 - 2) 1960 to (2-3) 1960 that (I) (we) last 1960, and that death occured about m, from the causes and on the date stated above. saw the deceased alive on / ch ATTENDING 226. S GNATURE SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 7600 Carroll Ave., Takoma Park, Maryland STUART L. NELSON 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23h. BURIAL, CREMATION, 1236. DATE THEREOF REMOVAL (Specify) PRINCE GEO. COUNTY, MARYLAND CEDAR HILL CEMETERY O H 12/24/60 BURLAL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) SPRING, MD. 15M 9/60 Orthur 9 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

14078

#

death. Page 4

requires that the death certificate be executed within 24 haurs

tely filled in by the funeral director, Poges 1 and 2 shauld be filed with

Then pleose remove may be retained by the hasp tall ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the buriol-transit permit. Then the registrar prior to burial, cremation, or removal, and in any event

TO HOSPITAL VS A15 (4) 15M 9/5B

o. County Then the marri	MARYLAND	2. USUAL RESIDENCE (Where decease on STATE Manual and	b. COUNTY,	s dence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give negrets town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If putside corp		-0-11-1
Betherda		Beallsville	V	
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Luburban Hospital		Rural-Boullsvi	lle	YES NO
3. NAME OF DECEASED (Type or print) FR EST A	Middle KTDV TL/T	Last 4. DATE OF DEATI	Month Doc. 27	Day Year
221		B DATE OF BIRTH	20,00	DER I YEAR IF UNDER 24 HR
Male White WIDOWE		Feb.20.1907	last birthday) Mon	
100. USUAL OCCUPATION (Give kind of work done 10b I			har	CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Language Gardner P	rk & Plann		,,	IIC
13. FATHER'S NAME	TA 63 Fishii	ng Man, land		U.
Ernest A. Kidwell 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16. S	SOCIAL SECURITY NO	Katie Hart	Address	
(Yes, no, or unknown) [If yes, give war or dates of service)				73
		<u>ollie Rosalie K</u>	<u> </u>	
18 CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY.	e for (o) (b), and (c)]	- 0	A	ONSET AND DEATH
IMMEDIATE CAUSE (o)	a trail	(larender	Ce eculi	X 6000
DUE TO	~	63		0
Conditions, if any, which (b)	Kype	et allo		
cause (a), stating the under	10			
lying couse last) (c)		<u> </u>		
PAIN II OTHER SIGNIF CANT CONDITIONS C	ONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(0) 19 WAS ALTOPSY PERFORMED?
5 hard				YES NO
PANT II OTHER SIGNIF CANT CONDITIONS CO 200 ACC DENT WAS UNDERLYING [] 20b. DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 White of work	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port L or Po	ort (* of item 18.)	
S 20c. TIME OF INJURY Month, Day, Year 20d, IN		ACE OF INJURY (Home, form, 20f. (Ci	ty or town)	(County) (State
Haur a.m. P. m 19 While at work	Not while	ctary, street, affice bldg., etc.)		
21 I certify that I attended the decease	11 -2	5, 1966, to / 2	7 / 106701-1	1.1
1000		1 250		I last saw the decease
alive an 195	and that death) the causes and an Street, city or town, state)	the date stated above DATE SIGNE
ACTUAL OF		112-82	- Cua	4
SIGNATURE	cogue	M.D	- Tond	1-2-31-6
PHYSICIAN'S J'hn & Roger	e -jis cham	Ave., Tiver p	ring, Md.	
220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d LOC	ATION (City, town, or cou	nty) (State)
BL 31 (Specify) 1/1/61	Flinthill	Co	ikton.	Va.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGI		
Tyson Wheeler- 1331 E	Montg. Ava	· DATE JAN 4	'61 Chith	ur S. Kraud



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on e. COUNTY Files. Health, Montgomery Maryl and MARYLAND Montgomerv b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write PURAL and a ve negrest town) Bethesda Cabin John d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e IS RESTDEN E Suburban Seven Locks Road YES NO IN NAME OF DECEASED First Middle 4 DATE Last OF DEATH 12 (Type or print) Emma Kinslow 19 60 5. SEX 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Hayrs Female Colored WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or during rights of working life, even if gettred) 12 CITIZEN OF WHAT COUNTRYS Deskonde 3 FATHER'S NAME 16. SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hyperkalenie Myocarditis: & 12 hrs. encephalophy DUE TO Arterioloneprosclerosis Conditions, if any, which gove rise to immediate couse **DUE TO** (a), stoting the underlying Diabetis cours last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES 🖫 , NO 🗌 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Hem 18) 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f (City or lawn) (County) (State) factory, street, office bldg., etc.) While Not white 0.00 al work at work 21. I certify that I took charge of the remains described above, held an Autopsy live. Inspection . Inquiry] ond in my opinion death resulted from: Natural causes (x): Accident () Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER FX rank J. Wroschart 220. BURIAL CREMATION 22c NAME OF CEMPTERY OF CREMATORY 22d LOCATION (City, town, or county) (State) Moses Cemetery. 12/8/60 Cabin John. Md. 23. FUMERAL DIRECTOR'S AIGNATURE/ 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Rockville. Md. VS. ALSME



Division of STATISTICAL RESEAR RESTON STREET, BALTIMORE 1, MARY MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institutions Residence before admission) a. COUNTY Health, b. COUNT Marit gamerer MARYLAND TYLLIL KLY MERLY C b. CITY OR TOWN (f oulside corporate limits c. CITY OR TOWN Toulside corporate limits, write RURAL and give nearest lown) e. LENGTH OF STAY IN 16 your dof write RURAL and give nearest town) ICKOna Boar d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS a. IS RESIDENCE er death. If an and 3 to the funeral ON A FARM? State YES TO NO! 3. NAME OF Middia 4. DATE DECEASED OF the (Type or print) DEATH SSIDIET 19 60 hindlon. with 16. COLOR OR RACE T. MARRIED T NEVER MARRIED 5 SEX 19. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. ge 5 may band 2 with 72 hours af last birthday) Months | Days WIDOWED TH DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) ,pages 1 Engineer PM3. . FATHER S NAME 14. MOTHER'S MAIDEN NAME WAS BECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ф (Yes, no. or unknown) I (If yes give war or dates of service) in pencil in Item 66-W-1. VIB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Judden IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause 162 Examiner's "pending" DUE TO (a), stating the undarlying NE cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161. 19. WAS AUTOPSY PERFORMED? execute the certificate, writing the word NO Medical 709. DESCRIBE HOW INJURY OCCURED. (Enter neture of in, ury in Part I or Part II of Itam 18.) pluods PRIMARY OF CONTRIBUTING 200 EXTERNAL CAUSE WAS CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 20c. THE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While at work at work prior 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry (and in my opinion Natural causes V Undetermined manner death resulted from. Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city town, or county) DEP 2260 LOCATION (City, town, or ofuntry) 22a. BURIAL, CREMATION 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) O <u>7</u> 4 0 23. FUNERAL DIRECTOR 24n. REC'D BY REGISTRAR I 24b. REGISTRAR VS. A15ME 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



14146

1 !	PLACE OF DEATH COUNTY ///Ontronty MARYLAND	2. USUAL RESIDENCE (Where deceased I ved If institution: Residence of STATE b. COUNTY /// 2114	1
	CITY OR TOWN (if auts de corporate l'mits, write RURAL and give negrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and g	pive nearest town)
	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION Suburban 10-10-17-1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED Type or print) WILLIAM HOME	Lost 4. DATE Month OF DEATH Dec.	Day Year
5 :	6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lef UNDER lost byrthdoy) 4-22-97 63 yrs	Days Hours Min,
1	USUAL OCCUPATION (G ve kind of work done dob. KIND OF BUSINESS OR INDUduring most of working life, even if relired) S. Masitime Comm. Statistician	Washington D.C.	ZEN OF WHAT COUNTRY?
3.	William S. Knox	Core Hamilton	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 III. J. P. S. 1919 was or or dates of service) Unknown	Nife - Jane Knox-same 2d	
	PART I. DEATH WAS CAUSED BY. PART I. DEATH WAS CAUSED BY. MANEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) JOC 2: Leleut.	estine Kart Failure.	INTERVAL BETWEEN ONSET AND DEATH Suche of the second of th
7	gove rise to immediate couse (b), stating the under: tying cause lost Column C	Etherockuse,	lick was
CATION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cleabilities Mullities	Circles of heier & de glade	PERFORMED? YES NO
L CERTIF	200 ACCIDENT WAS UNDERLYING DO COURRE OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of infory in Part , 6r Part II of Ifem 18.)	
MEDICAL		ACE OF INJURY (Hame, farm, 20f. {City or town} (Cory, street, office bldg., etc.)	County) (State)
	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an Decell 1964, and that a		Q, that (I) (we) last added stated above
	220 SIGNATURE	M D PHYS DIRECTOR D STAFF PHYS DIRECTOR DIRECTOR MD PHYS DIRECTOR	226 DATE 5 GNED 12/11/64)
23c	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OF CEMETE	Crematory Suitland, Maryl	
24.	FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Ma	eryland DATE DEC 1 5 '60 COLUMN &	

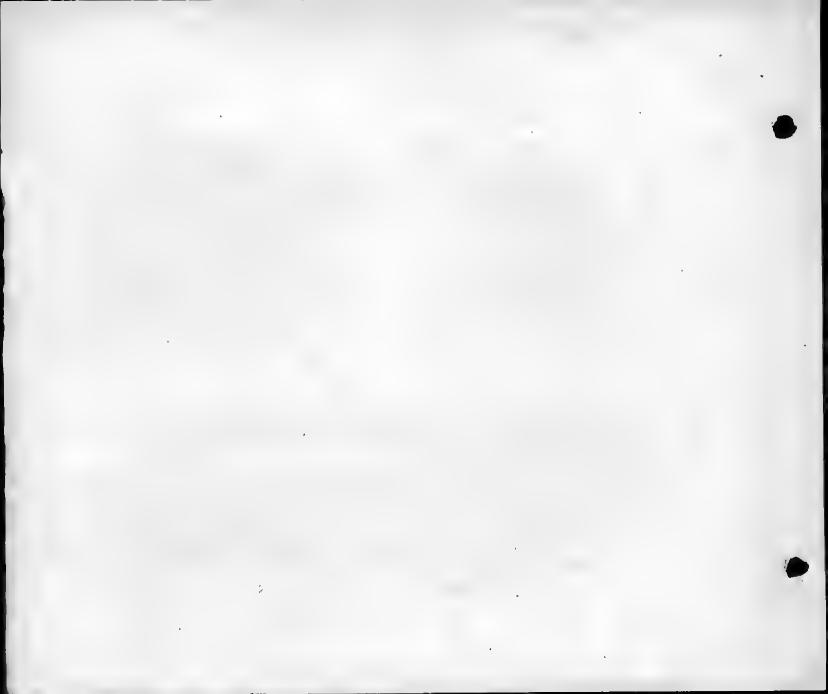
DATE DEC 1 5 '60

death. Page 4 ATTENDINE ETYSICIAM: The taw requires that the death mentificate be executed within 24 haurs,

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs ofter death.

TO HOSPITAL VR A15 (4) 15M 9/59 *



Certhing & Through

	141	41		CERTIF	ICA	TE OF D	EATH				22 24 1	100
0	COUNTY Mon	tgomery		MARY	LAND	2. USUAL RES	ibence (Whe	re deceased	lived If instituti 5 COUNTY		te before (admission)
ı	CITY OR TOWN (IF RURAL and give nec	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold									
	OR INSTITUTION	Clinical	_			d. STREET		3, Bo	ox 66			IS RESIDENCE ON A FARM? 'ES NO P
	NAME OF DECEASED (Type or print)	Fir Eug		Middle Carl		Koe) st	4. DATE OF DEATH	Dece		Day	Yeor 1960
	Male	6 COLOR OR RACE White	7 MARR	DIVORCEI		May 8,			9 AGE (In years last buthday) 29 yrs	IF UNDER Manths		JNDER 24 HRS lours Min
Ôα	during most of working Painte	ng life, even if retired;	done 10b	kind of Business o Unknown	R INDUS		PIACE (Slove o Missou)		runtry)	12 CIT :	USA	HAT COUNTRY?
3.	FATHER'S NAME William	m Koeln				Al	s maiden na ma Juno	dt				
S (Ye:	WAS DECEASED EVER	IN U.S. ARMED FOR YOU. GIVE WAT ST COLOR OF IN	ervice)	SOCIAL SECURITY NO 10-30-7116					Bethesd		Mary!	land
	PART I DEAT	TH {Enter only one co H WAS CAUSED BY IMMEDIATE CAUSE (d	Si	ne for (a) (b), and (c) ubarachnoid		norrhage						AND DEATH 1/2 hrs.
	Conditions, if ony, which (b) Thrombocytopenia							2 months				
z	Couse (a), stoting the under purp couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										1 1/0) 19	year WAS AUTOPSY
FICATION				_							' '	PERFORMED?
AL CERTI	IN ETHER, NOTIFY A			CRIBE HOW INJURY OF								
MEDIC	20c. TIME OF INJURY Hour a.m. p.m.	19	While at war		foc	CE OF INJURY tory, street, affi	ce bidg., etc.)				ounty)	(State)
	sow the decease	(4) (this hospitoled alive on _De	c. كا الك	led the deceosed	from <mark>S</mark> that d	eptembe	r 28 ₁₉ 05	60 to 1	December	21 ₁₉ (O, that	tated above
	22a. SIGNATURE	vard (5 m	orce,		ATTENDIT	☐ D1R	ECTOR 🔝	STAFF PHYS T		12/21	1/60 SIGNED
	NAME (Type)			e, M.D.		22d ADD Inst	itutes	of He	ical Cen ealth, B	etheso		
B	BURIAL CREMATION REMOVAL (Specify) UT1 al -Tr	ansit 12,) 22/		ETERY O	R CREMATORY		St.	Louis,	Miss		(State)
	FUNERAL DIRECTOR'S	SIGNATURE Pumphre	y B	ADDRESS ethesda,	Mar	yland	250 REC D	BY REGIST		STRAR'S SIG		

may be recomby the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundage 3 should be detached far use as the burial-transit permit. Then please remove consorting pages 1 and 2 should the State Board at Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

TO HOSPITAL

VR A1S [4] 15M 9/59

funeral director, juid be filed with

death Page



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14082

	1	4041		CERTIFIC	CATE	OF DE	ATH				1 7	1105)
1	PLACE OF DEATH O. COUNTY Montgom	ery		MARYLA		a. STATE	ence (wh		l lived. If instituti 6 COUNTY		_	ere odmiss Georg	
7	b CITY OR TOWN (If outs RURAL and give nearest Takoma	town)	s, write	c LENGTH OF STAY IN 24 hours			own (If o		rate fimits, write R	URAL gne	d give ne	onest lowe	%.
	d. NAME OF HOSPITAL (H OR INSTITUTION Washingto		& Hospital		d. STREET AD		ltimo	ce Avenus	8		e. IS RES	SIDENCE A FARM? NO TO	
3	NAME OF DECEASED (Type or print)	Fin her	Ť	Middle K •		Kuhn		4. DATE OF DEATH	Man De Ce	embei	r_ 5		Year 19 60
H	Temale '	COLOR OR RACE	WIDOWE			8-1 4 -9			9. AGE (In years last birthday) 63 yrs	IF UND Manths		Hours	Min
E	a USUAL OCCUPATION (G during mast of working li Housewife	ive kind af wark of fe, even if retired)	lane 10b	Own Home	· · · · · · · · · · · · · · · · · · ·	Virg	inia		euntry)	12 C	U .		COUNTRY?
Į.	enry P. Jenk							Coate					
	WAS DECEASED EVER IN 10. no. or unknown (If yes.	U. S. ARMED FORG		SOCIAL SECURITY NO	17 INFOR	MANT itting	Reco	ord	Add	ress			
FICATION	Conditions, if day, and a series to immercouse (a), stating the unity lying cause last. PART II OTHER SI Hypertens	diate DUE TO (c) GNIFICANT CONG	DITIONS C	ONTRIBLTING TO DEAT						VEN IN PA	ART 1(a)	PERFC	AJTOPSY ORMED?
EDICAL CERT	OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTIO	CAL EXAMINER)		_ Nat while	Oe. PLACE (OF INJURY (H	ome, form	, 20f (City			(County)	de la companya de la	(State)
	21. I certify that (I) (this haspital) attended the deceased fram 9 21 1960, that (I) (we) last saw the deceased alive an 12-5 1960, and that death accurred at 1:18P fram the causes and an the date stated above 220 SIGNATURE (1) 225 DATE												
	22c PHYSICIAN'S NAME (Type)	R. Pur	die,	M. D.	M.D	ATTENDING PHYS. 22d ADDRES	55	RECTOR .	Road, Ri		-6-60 dale.		signed
L	a BUR AL, CREMATION, 2 REMOVAL (Specify)	Dec 8, 1	F	National	ery or x 9 Memor	ial P	ark	Fall	10N (City town,	ar caunty h	Vire	(Sta zinia	ite)
24	F. Gasch's		lvatt	ADDRESS Sville Md.				D BY REGIST				IRE	
			2000	- TITE LINE			-//- 00	U 1 6 0		71	0 10		

er death. Page 4 may be return a by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by mill funeral director, page 3 shauld be detached for Jill as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs offer death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO HOSPITAL

VR A15 (4) 15M 9/59



director,

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filled

campletely

and

physician

offending

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signed

certificate

DIRECTOR

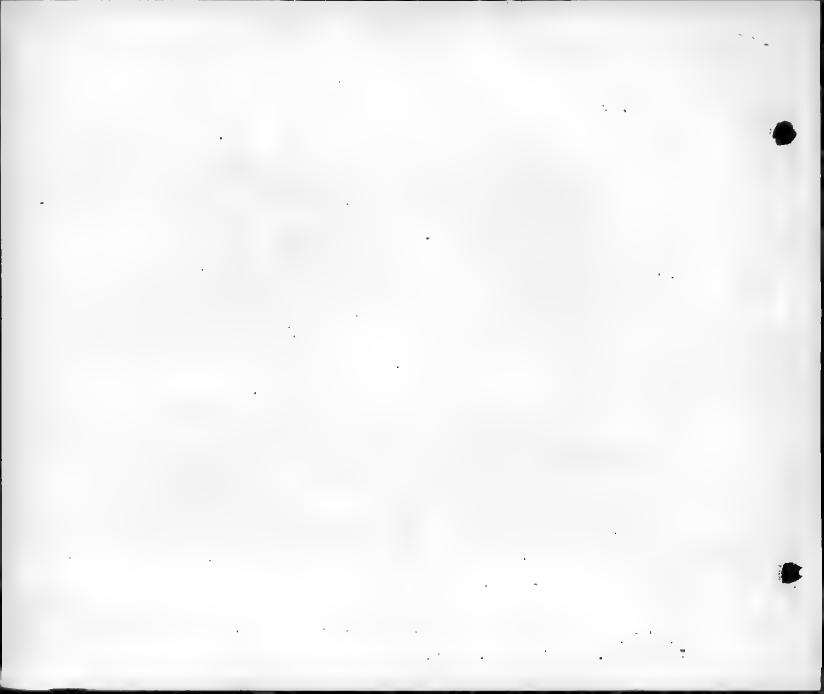
FUNERAL

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VS A15 (4)

15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

CERTIFICATE OF DEATH

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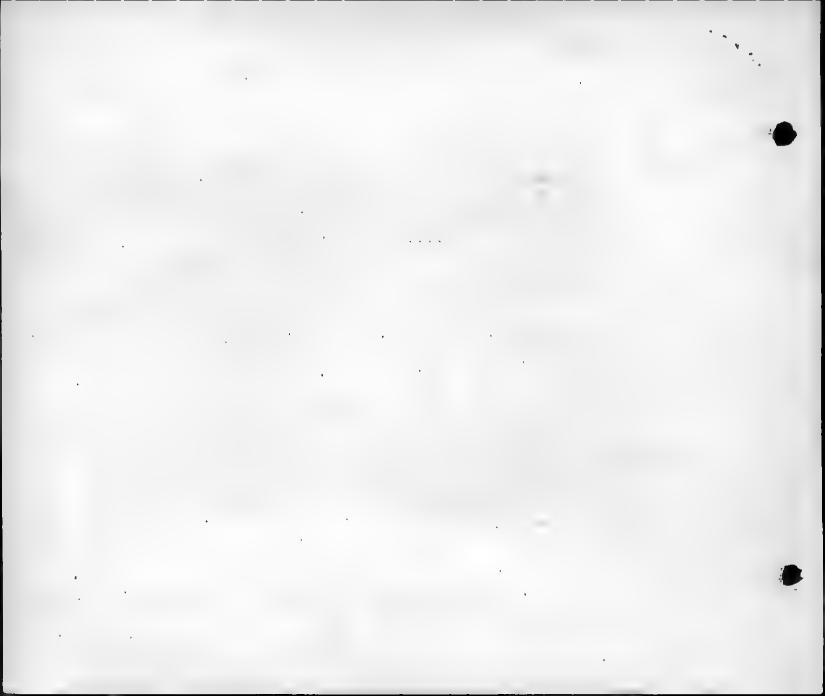
	1111					
1. PLACE OF DEATH 6. COUNTY			2. USUAL RESIDENCE (Who			before admission)
	ntgomery	MARYLAND	Mary	land 🔭	Mont	gome rv
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write earest town?	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	itside corporate limit	s, write RURAL and giv	e nearest town)
Betheso			Beth	esda		
d NAME OF HOSPI	TAL (If not in hospital, give stree	of oddress)	d STREET ADDRESS			a. IS RESIDENCE ON A FARM?
2601. H	intington Par	rkway	5601 Hu	ntingtor	Parkway	YES NO X
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Bergliot		Larsen	OF DEATH De	cember 18	B 19 60
S. SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE	(In years IF JNDER 11	YEAR IF UNDER 24 HRS
Female	White wipov	WEDEK DIVORCED	June 19, 18	83 777	rihdoy) Months Di	29 Hours Min
10a USUAL OCCUPATE	Oh (Give kind of work done 10)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	r foreign country)	12 CITIZE	N OF WHAT COUNTRY
Housev	king life, even if retired) 71 f e		Norway		U.S	. Natura
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		ize
Theador	re Dahl		Bergitt	e Stroms	ted	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.1	NFORMANT	-	Address	
NO NO	(If yes, give wor or dates of service)	None M	rs. Von der	Fehr-da	ughter-sa	ame 2d
18. CAUSE OF DE	ATH [Enter only one couse per	line for (9) (b), and (c)]	1 1	1		INTERVAL BETWEEN
PART I DE	ATH WAS CAUSED BY:	ente (21)	d/de to	1/000		ONSET AND DEATH
450	DUE TO		in I			
Conditions, if a	iny, which) Le	nonzined 3	HIEHOSEL	PHOK		Sipres
gove rise to i						
couse (a), stating lying couse last.	(c)					/
PART H. OT		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART I	(a) 19 WAS AUTOPS
PART H. OT						PERFORMED?
20a. ACCIDENT W	AS UNDERLYING 20b DE	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	art I or Port II of ile	m 1B.)	
G (IF EITHER, NOTIFY	MEDICAL EXAMINER					
20c TIME OF INJUI	RY Month, Day, Year 20d.	INJURY OCCURRED 20s. Pt	ACE OF INJURY (Home, form,	20f (City or town) (Co	unty) (State
20c TIME OF NIU	19 While	E TAOL MUITS	ctory, street, office bldg., etc.			
	at (I) (this houseful) after	nded the deceased from	4-2 104	X 10 / 10-	-18/- 10/04	Zthat (I) (me) los
saw the decea	7	7 1/20	leath accurred		uses and on the c	, , , ,
220 S GNATURE	06	A A A A A A A A A A A A A A A A A A A	, U	,, non me ca	oses one on the c	276 DATE
	1876081	two to	M D PHYS DIE	STAF	. /2-	-K-689NE
22c PHYSICIAN'S NAME (Type)	10/	1 / 11 -	22d ADDRESS	T. A	11/1/7	70
(Abe)	CITCA EV 7	NHIZONNIL	20/0/04	11. 11. 11. N.	W. Wash	2 000
23a BURIAL, CREMAT (ON 236 DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (CI	ly, town, or county)	(State)
Bur-trans	it 12/21/60	Ocean View	Cemeterv	Staten		New York
24 FUNERAL D RECTOR		ADDRESS			256 REGISTRAR'S SIGN	
Robert A	. Pumphrey	Bethesda, Ma	ryland OMBEC	2 1 '60	Cining & the	and.

death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be enecuted within 24 hitting

may be retain a by the haspital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72-trans after death.

TO HOSPITAL VR A15 (4) ISM 9/59



CERTIFICATE OF DEATH 4/4 50

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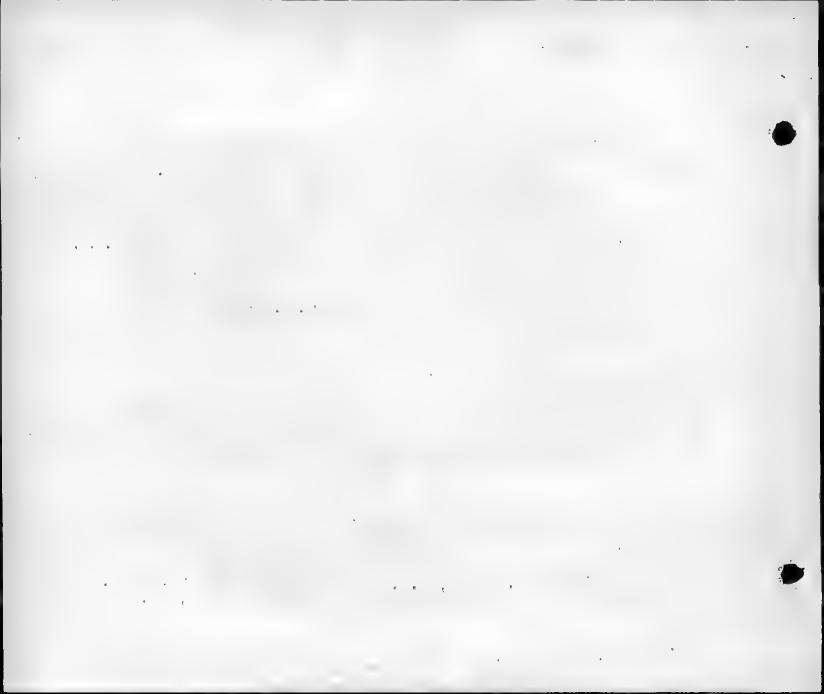
4 3 1	SAIF OI DEVILL	T 2 (100)
PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residen	ce before admission)
Montgomery Maryla	ND STATE Maryland 6. COUNTY Mon	tgomery
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b CITY OR TOWN (If outside corporate limits, write RURAL and g	
Bethesda 24 hours	Bethesda	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	6 IS RESIDENCE ON A FARM?
Suburban	7405 River Road	YES NO D
3 NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Janie Eudoria	Lee OF DEATH Dec.	28 160
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS
F'emale W WIDOWED NO DIYORCED [Days Hours Min
10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITI	ZEN OF WHAT COUNTRY?
Housewife	Virginia	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Luther Lane	Pocohontas Saffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT Address	
No None	Niece (Mrs. C. Pratt)	
18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (0) Capely and	Hemorely	ONSEL AND DEATH
DUE TO		
Conditions, if only, which) by Multiple	Ingelona	
gove rise to immediate couse (a), stating the under-		
lying couse lost (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED?
Ž		YES NO X
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCIDENT (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED (Enter nature of injury in Part 1 or Part II of Item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	De. PLACE OF INJURY (Home, farm, 20f (City or town) (0 foctory, street, office bldg , etc.)	County) (State)
Hour o.m. Hour o.m. p. m. 19 of work of work		
21 I certify that (I) (this hospital) attended the deceased from	on/ tely 23 1960, to Dec, 28, 196	o, that (1) (we) as
sow the deceased alive an Dec 27, 1960, and the		
22o. SIGNAJURE		22b, DATE
M. Kry Da	M.D PHYS D RECTOR PHYS 1	2/28/60 SIGNED
22c PHYSICIAN'S Walliam T. Joyce, M.D.	22d ADDRESS 8106 Manla Didas D.	
	Bethesda 14 Md.	
23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETE		(Stote)
Burial 12/31/60 Clifton	Cemetery Clifton, Virg	inia
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS /	250 REC'D BY REGISTRAR 25b, REGISTRAR'S SIG	SNATURE
Robert A. Primphrey Bethesda.	Maryland Name	

the funeral director, should be filed with may be reto. "3 by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2, the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 15M 9/59

INTENTING PHYSICIAN: The law requires that the death certificate be Executed within 24 hour

er death. Page 4



15M 9/5B



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N	IA	RYL	AND	STATE	DEP	'ART/	MEN.	T OF	HEA	LTH	
HOI	OF	STAT	ISTICAL	RESEARCH	AND	RECOR	D\$	BALTIN	ORE 1	I, MARY	LANG
			CEI	RTIFIC	ATE	OF	DEA	HTA			

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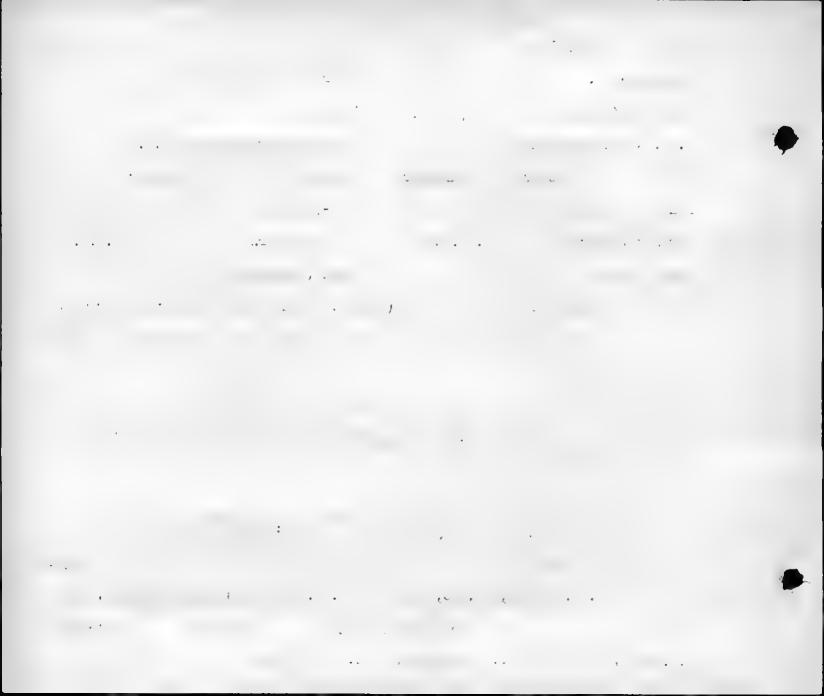
1. PLACE OF DEATH			2. USUAL RESIDENCE (sidence before admission).
Montgomery	r	MARYLAND	District o	f Columbia	F COUNTA	Le super
	(If autside corporate limits, w	ofe c. LENGTH OF STAY IN 15	E. CITY OR TOWN (If outside corporate li	mits, write RURAL	and give nearest town)
	(Rural)	73 hrs.	Washington			ナノスープ
d NAME OF HOSE OR INSTITUTION	TTAL (if not in haspital, give s	treat address)	d. STREET ADDRESS			o IS RESIDENCE ON A FARM?
	al Hospital		6223 Piney	Branch Ro	oad, N.W.	YES NO NO
3 NAME OF DECEASED	First	' Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Charle	s MacHenry	LINDSAY	DEATH	Decembe	
5 SEX	6 COLOR OR RACE 7.	MARRIED 🔣 NEVER MARRIED 🔲	B DATE OF BIRTH	9 AC	GE (In years IF JI) It birthdoy) Man	NDER 1 YEAR IF UNDER 24 HRS.
Male	Caucasian w	DOWED DIVORCED	4-7-90		O yrs	
100. USJAL OCCUPAT	'fON (Give kind of work dane orking life, even if retired)	105 KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SE	ote or foreign country) 12	CITIZEN OF WHAT COUNTRY?
	Retired)	U. S. Mavy	New	York		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
David LIN	DSAY		Emma (unk	nown)		
15. WAS DECEASED ET	VER IN U. S. ARMED FORCEST		INFORMANT	_	Address	
Yes	1911 to 1945		() Mrs. Ethel	R. Lindse	y, same	as #2 above
IB CAUSE OF D	EATH [Enter only one couse	per time fag (a,, (b) and (c)			11 /	INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Weer Sto	mach N	IEC EI	Venunko	ONSET AND DEATH
Marin 11	DUE TO					1
Conditions, if	ony, which) (b)					
gave rise to couse (a), statin	immediate Due To					
lying couse los	-					
PART II Q	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TE	RMINAL D SEASE COI	ADITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY
Seres Seres	re anterio	o Scherotie L	earl of Car	Lew Vascut	or deal	AND YES TO NO
E 200 ACCIDENT V	VAS UNDERLYING 206	DESCRIBE HOW INJURY OCCUR	RED (Enter nature of injury	in Part I or Part II of	item 16.)	
(IF EITHER, NOTIL	Y MEDICAL EXAMINER)					
			PLACE OF INJURY (Home, f foctory, street, office bldg.,		iwn)	(County) (State)
Hour o.m	19	While Not while of work	, octory, street, write blog.,	elc /		
		ttended the deceased fram	Dec. 18.	19 60 to De	ec. 18	19. 60 that X) (we) last
	ALC: A CONTRACT OF THE PARTY OF	18 19.60 , and that)	o 1 10 h-756		
220 SIGNATURE	0 //		dcom discorred dri		cadaca and or	22b DATE
	AMOLLA	Ler	M D PHYS	MED ST DIRECTOR PH	AFF TYS 🔀	12-19-60
22c PHYSICIAN'S		1	22d. ADDRESS			
NAME (Type)	W. D. HOOFEA	LT, MC, USH	U. S. Na	val Hospit	al, Beth	esda, Md.
	ION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(City town, or cou	only) (State)
REMOVAL (Specifical)	"0 18222-1	Arlington 1	Mational	Arlingt	ton	Virginia
24 FUNERAL DIRECTS	A'S SIGNITURE	ADDRESS		EC'D BY REGISTRAR	25b REGISTRAR	'S SIGNATURE
S.H. HINES	2901 14th St	., Washington, 1	D. C. DATE	DEC 2 3 '60	Cining	& France

er death. Page 45 TO FUNRE THE ADDRESS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriot-transit permit. Then please remover action papers Pages 1 and 2 should be filed with the State Board of Health prior to buriot, cremation, a remaval, and in any even, within 72 hours after death. STA VR A1S (4) 15M 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay,

A.

TO HOSPITA



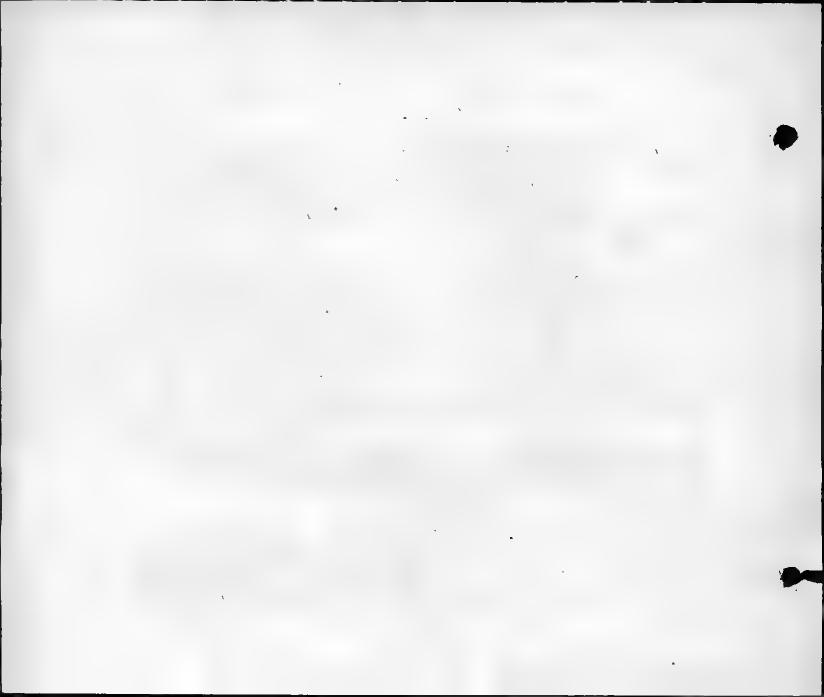
VR A15 (4) 15M 9/59

	MARYLAND	STATE	DEPARTMENT	OF HEALT
	DIVISION OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE 1, M

H MARYLAND 14152 **CERTIFICATE OF DEATH**

2 4 M C O

				E / E	
1, PLACE OF DEATH D COUNTY		2. USUAL RESIDENCE (V	Vhere deceased lived. If ins b. COU		dmission)
Montgomery	MARYLAND	Maryland		Howard	V
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (II	autside carporate limits, wr	ile RURAL and give nearest	tawn)
Olney	/19hrs. 25	min	Dayton		
d NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS			RESIDENCE
OR INSTITUTION			1:		ON A FARM?
. Montgomery Gener		<u> </u>	1 -		
3 NAME OF DECEASED (Type or print)	Middle	iost	4. DATE OF DEATH	Month Day	Year 19 50
Adites	Louise	Linthics B. DATE OF BIRTH	IM DECEM	ber 18 BOT IF UNDER TYEAR IF I	
·		Dag 10	iost birthd	1	iors Min
Female White WIDOW	VED DIVORCED	TAXXXXXIII 18	883 77	yrs Y	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stat	le ar fareign country)	12. CITIZEN OF WH	IATCOUNTRY
At Home		Marvla	and	U.S.A	
13. FATHER'S NAME		14 MOTHER'S MAIDEN			•
Coordo W Horard		Susie	Tolomoro		
George W. Howard 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 III	NFORMANT	Iohnson	Address	
(Yes, no. or unknown) (If yes, give war or dates of service)					
No	None The	omas H. Linthi	Loum, Dayton, M		
IB CAUSE OF DEATH [Enter only one couse per i	line for (a), (b) and (c)			INTERVA	A NO DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ulmonary ede	ema		36	hours
DUE TO					
Condition to any Killian N	cute Cardiac	failuro		26	hama
gove rise to immediate	tute Cardiac	Tallule		36	hours
couse (o), stating the under:	2 4 2				
		umonia			hours
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19 V	VAS AUTOPSY ERFORMED?
[3]				ΥE	S NO
□ OR CONTRIBUTING □ CAUSE OF DÉATH □	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury (n Part I ar Part II of item 1B)	
1 - 1	- In	ACE OF INJURY (Hame, fa clary, street, office bldg., e		(County)	(State
Hour a.m. 19 While of wa	e Natwhile Idi	LIGITY, MIDEL, OILICE DIUM., E	1		
21 1 certify that (I) (this hospital) atten	ded the deceased from	T11 37 1	9 5010 Decem	box18 60that	//) (wa) [au
saw the deceased alive on DEC.			ON from the causes		
220 SIGNATURE	- / / - /				22b, DATE
(Anstes	s. Wentativ	M D PHYS	MED STAFF DIRECTOR PHYS		SIGNE
22c PHYS C AN'S		22d ADDRESS			
NAME (Type) Charles Whitake	er, h.D.	Clarks	ville, Md.		
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	P CPEMATORY	23d LOCATION (City, to	we or county)	(State)
REMOVAL (Specify)		A CHEMICA!		• • • • • • • • • • • • • • • • • • • •	Paralel
Burial 12-20-60	Providence		Glenelg, M		
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNATURE	
F.C. Higinbothom, Ellicott	Mu	DATE	DEC 21 '60	Criting & Thank	



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DIRECTOR:

TO FUNERAL

VR A15 (4)

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at the death certificate be executed within 24 hou ar death. Page 4

by the ottending physician and completely filled in by the funeral director.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14154

14091

PLACE OF DEAT		MARYLAND	2 USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	on. Residence before admission)
	/N (If outside corporate limits, writ	,	E CITY OR TOWN (IF	autside carporate fimits, write R	URAL and give nearest town)
	ve nearest tawn)	CC 4			15 4 -1
	R. (Rural) 25PITAL (If not in baspital, give stre	55 days	Mexico Ci	ty	e IS RESIDENCE
OR INSTITUTE	ON	en uudiessi			ON A FARM?
U. S. Na	aval Hospital		Uruguayan	Embassy	YES 🔲 NO 🔀
NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Year
(Type or print)	Dulcia	Pereira	MAC EACHEN	DEATH Dece	mber 11 1960
SEX	6 COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS
Forma la	Caucasian WIDO		5-29-08	lost birthdoy) 52 yrs	Months Days Hours Min.
Tenale o JSJAL OCCUE	PATION (Give kind of work dune 1				12 CITIZEN OF WHAT COUNTRY
during mast of	working life, even if retired)			, , , , , , , , , , , , , , , , , , , ,	
Housewit			Uruguay		Uruguay
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Jose Mai	ria Pereira y Ro	cha	Dulcia_COR	TINAS	
WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Add	ress England
No	(a) as give was as added as service	None (W	R.E. Meckec	hen. Hruguavan	Embassy, London,
THE CAUSE OF	DEATH [Enter only one cause pe	s line for (a) this and (c) I			INTERVAL BETWEEN
		1	1 0		ONSET AND DEATH
PART I.	DEATH WAS CAUSED BY	Lun Kale Kar he	· Marine Street.	are med	- 8 honts
1 1	MMEDIATE CAUSE (a)	o justice to total	700		2 114
_1 _1 _	DUE TO	V	3 0		
(C)	7 74 M				
	if ony, which } (b)				
	o immediate				
	und me nuget.				
lying couse I	osl. (c)				
PART II.	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	SINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 3
200 ACCIDENT	T WAS SINDERLYING TO JON F	DESCRIBE HOW INJURY OCCURR	FD. /Feter nature of inverse in	Port - or Port II of item 18 \	1
OR CONTRIBU	TING CAUSE OF DEATH	PERCHIDE HOTE INJURE OCCURR	co femal norme or inforty in	Tall Egil (Gil A Gil Heim 10)	
	TIFY MEDICAL EXAMINER)				
			LACE OF INJURY (Home, fare		(County) (State
Hour a.		rile Not while " work at work	octory, street, office bldg., et	c.) ;	
: p.	, m, 17 Of 1	HOIR II di HOIR			
21. I certify	that (* (this haspital) atte	ended the deceased fram.	Oct. 17 19	60 ia Dec. 11	, 19 60 _, that 3 \$) (we) la:
				OPM.	nd an the date stated above
720 SIGNATUI		TT IF OD FOILD HIGH	death occorred dream	m, from the couses of	22b. DATE
220 313194101	7 11 - 0	4 B	ATTENDING	AED STAFF	SIGNE
7	- 10.0° Cm	nell		RECTOR PHYS X	12-12-60
22c PHYSICIAL			22d ADDRESS		
NAME (Ty	F. H. O'CONNE	LL, LCDR, MC. U	SN U. S. Nav.	al Hospital, B	ethesda. Md.
30 B.IRIAI CPEAA	ATION, 236 DATE THEREOF	23c NAME OF CEMETERY		23d LOCATION (City, fown	
REMOVAL (Spe	ecify)	_	Ou outhanout	, ,	
Burial-Si		·		Mexico Cit	
EL VELLERE	10 STEPHENATURE AND	ADDRESS		DINE LEGISTRAND 256 REG	
		ome Retherds	MA DATE I)FC 13'80	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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may be rebuiled by the h.

TO FUNERAL DIRECTOR: Affi
page 3 should be detached for use as the miles in the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A1S [4] TSM 9/59

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d	4	65	0	3
- 6		H	4	1
- 1	16.	1 b	w	16 2

	1.4	155		CERTIF	ICATE	OF DEAT	TH			1 20 1	100	
Ŧ,	PLACE OF DEATH COUNTY MONTO	OVEDA		MARY		USUAL RESIDENCE O. STATE MARYL		b. COUNT	Y		e odmiss	
H	6 CITY OR TOWN (I	f outside corporate lin	nits, write	c LENGTH OF STAY	IN Ib	c. CITY OR TOWN		prote limits, write	RURAL ond	give nea	rest town)
	RURAL and give ne	orest town) IESDA		14 H	rs.	4 4	ROCKVII	LE				
Н	d NAME OF HOSPIT. OR INSTITUTION		give street d			d STREET ADDRES	SS			1	e. 15 RES	DENCE FARM?
		BURBAN				1109 ED	MONSTON	DR.				NO 🗌
3.	NAME OF DECEASED	F	irst	Middle		Lost	4 DATE OF	Mo	onth //	Day	Y	Yeor
	(Type or print)	JOHN S	S. MA	C_SPORRAN			DEATH	12/	30/60			9
\$	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 8. D.	ATE OF BIRTH		9. AGE (In year lost birthday)	Months Months	Days	Hours	R 24 HRS
L	Male	White	WIDOWE			/ 10/	18	42 yr	•]		
130	la. USLAL OCCUPAT.O during most of work	ON (Give kind of work sing life, even if retire		KIND OF BUSINESS O	R INDUSTRY							QUNTRY?
12	Monag eme	nt	Co	nsultant	11/	BALT.	IMORE, M	ID		U.S.	A	
13			anonn	4.27	'				A STATE			
15	WAS DECEASED EVE	OHN A. MAC			17 INFOR	MANT Mrs.		ACFARL				
		ARMY LIL	service)	45-03-646	55 WIF		Susanr AS ABOVE	a C.MA	capor	ran		
=			* 	e for (a), (b), and (c).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	dil well all	NU_NU_VI			INTE	RYAL BE	TWEEN
		TH WAS CAUSED BY.	1.	. Client	hom	110/20	4.0.3110	Diala.	Wilete	ONS	ET AND	DEATH
	401	DUE TO		7					M-I - Garage	-		
	Conditions, if a	ny, which)	В	neum	000	9000	<					
	gove rise to it	mmediale (,									
	lying couse lost.		(c)									
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MEDI	p. m.	19	While of wark	Not while								
	21 I certify tho	t (I) (this hospite	al) attend	ed the deceased	fram	1954	. 19 to.	Dec.	30, 19	60 _{th}	ot (I) (we) lost
	saw the deceas	sed olive on	Dec.	30% 60, and	that deat	h occurred at	2. M. from	the causes o	and on th	e date		
	220 SIGNATURE	M. 71/53	1011	ansize d	6 DMO	ATTENDING PHYS	MED DIRECTOR	STAFF		1	2/2	S GHED
	22c PHYSICIAN'S NAME (Type)	Call District	med Europe 1	,		22d. ADDRESS					1	- 9
L	CHA	ARLES SAVA	RESE			4890 I	Battery	Lane,	Beth	esd	a, I	1d.
23	3a BURIAL, CREMATIO		OF	23c NAME OF CEM	ETERY OR CR	EMATORY	23d LOCA	ATION (City, town	, or county)		(Stat	e)
_	Cremation	n 12-31.	-60	Cedar Hi	[11_C	rematory			orge			Md.
24	ROBERT A		REY	Bethese	ia. M	9	REC'D BY REGIS	- 4	GISTRAR'S S			
-				2001100	, 11	DAT	EANTH O	C	rthung g	Trong	-1-	

may be retained by the hospital ar ottending plysicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayol, and event, within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

r death. Page 4

VR A15 (4) 1SM 9/59



r death. Page 4

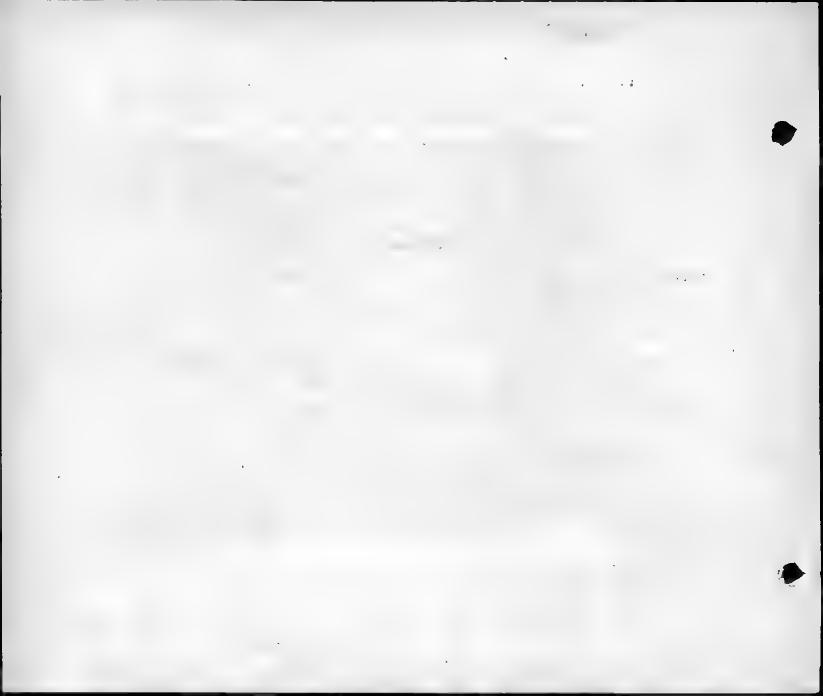
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WSS TO HOSPITAL ATTEND MAY be reformed by the hospital processor of the pr



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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il director filed with	(1)	4 1	1 P	LACE OF DEATH COUNTY MONT	GOMERY	-	MA	RYLAND	II o. STATE	DENCE (Who		d lived If instit 6 COUN	vition Reside	nce befo	ire admiss	ion}
	1	-/	k		f aviside carporate limits	write	c. LENGTH OF STA	AY IN 1b	E. CITY OR	TOWN (If or	utside carpa	rate limits, write	RURAL one	give ne	arest town	1)
e funeral auld be f	6.45			BETHES		_	4 day	rs	50	BETH	ESDA					
y the 2 sha	0)	4	C	OR INSTITUTION	AL (If nat in hospital, gr		oddress)		d, STREET A	DDRESS	PPCHO	שת הש				FARM?
g u			2 0	NAME OF	SUBURBA											
8-			E	DECEASED Type or print)	Fire		Midi	dle	Los	it.	4 DATE OF DEATH		10/60	Do	,	Year
completely fill, papers. Pages			5 5		GEORGE 6. COLOR OR RACE		HARLIN		MARKLEY B. DATE OF BIRT	ы	DEATH	9. AGE (In year		D 1 YEAR	IF UNDE	19 FP 24 MPS
P. P.							RIED NEVER MAI	CED	B. DATE OF BIRT	101		lost birthdoy	Months		Hours	Min.
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Sici	25			Simon		IARKI				rtle	Harr:					
attending physician n please remave car	P				R IN U. S. ARMED FORC (If yes, give wor or dotes of se	(ES7 16. vice) Y	SOCIAL SECURITY I	40.	INFORMANT				ddress			
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lea Jea	Ä				TH [Enter only one cav	ise per li	ne for (a), (b), and (c}.]		,	/		_	INT	ERVAL BE	DEATH
en p	*			PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		BLYGERY	then	(720,	222	tron				5.2.	A . 7 . 1
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-tran	, o		FICATION	PART II. OTH	IER SIGNIFICANT COND	ITIONS	CONTRIBUTING TO I	DEATH BU	T NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION (VEN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
te has	Ď		Ž			hai n.c.	ADDRESS AND ADDRES	V							YES	NO 🔯
certificate e as the ba	§ ()		CERTI	OR CONTR BUTING (IF EITHER, NOTIFY	S UNDERLYING [] : CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURR	tD (toler noture o	or injury in P	art I or Por	t 11 of item 15.)				
cert' e os	ah ah		WEDICA,	20c. TIME OF INJUR	Y Manth, Day, Yea	20d I While	NJURY OCCURRED Not while	20e. P	LACE OF INJURY (octory, street, office	Hame, farm, e bldg , etc.	20f (City	ar town)		(County)		(State)
this r	Ĕ		ME	p. m.	19	at wor	rk of wark									
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: Af	uria Dirio			olive on	12/10/	. 19_	(and the	ot deot	h occurred of	12;3	M. from	the causes				
TOR: /	ō Ō				10-11		3					treet, city or tov				E SIGNED
<u> </u>	b			ACTUAL SIGNATURE	1. 12/1/12 -	1.	1724 20	out.	.M.D						13,6	2,00
2 5	2					E0317				O TI -	M41	ו גם דו	la alessi	13.0	мá	,
KAL sha	ţ.	/		PHYSICIAN'S NAME (Type)	STEPHEN N.	JONE	is .		80	N VIE	rs Ml.	ll Rd. H	MCK AT	TIG	Ma.	
N C	ib a	_	220	BUR AL, CREMATIO	N, 226 DATE THEREO	F	22c. NAME OF CE	METERY C	OR CREMATORY		22d. LOCA	TION (City, town	a, or county		(Stat	e)
TO FUNERAL DIRECTOR: page 3 shauld be detac	ě	2*	B	REMOVAL (Specify)	12/13/6	0	Ft. Li	ncol	n Cemet	terv	Prin	ce Gro	rge (lo .	Mars	land
5	-		23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			1 1	BY REGIST		GISTRAR'S			
IS (4) 2/58		1	R	obert A.	Pumphrey	В	ethesda,	Mar	ryland	DATE	1 5 '60	an	hun 8 1	Kanna		
r Cursi														الهابنمات		

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the deatil certificate be may be retained by the haspital ar aftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are page 3 shauld be delacated for use as the build-transit bermit. Then please remove carbo VS A1S (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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\vdash		A-4-1/ 4-E				
1	PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived. If institution Residen-	ce before admission)
L	7	omery	MARYLAND	md.		morry
1	B C TY OR TOWN	(If outside conscrete limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If o	utside carporate limits, write RURAV and c	give nearest (win)
J	C 40 20 20 1	ark and		Silver S	bring md.	
		ITAL (If not in hospital, give street	address)	d STREET ADDRESS	7	e IS RESIDENCE
2	Jashing	Ton Band	Hospe	RFD#2,129	21 Columbia Rd.	YES NO
3.	NAME OF U	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	Thomas c	lark M	2rlow	DEATH December	12 1960
\$.	SEX	6 COLOR OR RACE 7- MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years FUNDER	TYEAR IF UNDER 24 HRS.
	m	Zerhete WIDOW	/ED DIVORCED	11-14-81	7 9 yrs Months	Days Hours Min
10	O USUAL OCCUPAT	ION (Give kind of work done 10b orking life, even if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stote	or foreign country) 12. CITI	IZEN OF WHAT COUNTRY?
	Farm		Owner of farm	a modi	· ·	2.5.A.
13	. FATHER'S NAME			14. MOTHER S MAIDEN N		
Lí	Pinkn	ey marke	meet-	Emma	Clark	
	WAS DECEASED EV	FR-HN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT	Address	
l'	No	gy yes, give way or ourse or services	none	Hospital	Keeords	
Ī	18. CAUSE OF D	EATH [Enter only one cause per l	ine for (o), (b), and (c).]			INTERVAL BETWEEN
		EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Januari Ille	Marko		ONSET AND DEATH
	5/1.	DUE TO	- Andrews			
	Conditions, if	ony, which)	Intertinal	Abo truction	1	2-3 days
	gove rise to	immediate DUE TO	I same ulates	Rt. Inon	unal humin	1 47
	lying couse last	g the under-	Ganalene	terminal	ileum E persorate	on Ma
Z	PART II O	THER SIGNIFICANT CONDITIONS	CONTRIBLING TO DEATH BL	T NOT RELATED TO THE TERMI	NAL DISEASE CONDIT ON GIVEN N PAR	T 1(a) 19. WAS AUTOPSY
Z.A.Z.	Diale	tes y semi	Vita		V V	YES NO NO
CEPTIENCATION	20a ACCIDENT W	VAS UNDERLYING TO 206. DE	SCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in l	ort I or Port II of Hem 18)	
		G CAUSE OF DEATH	,			
MEDICAL	20c TIME OF INJU	JRY Month, Day, Year 20d		LACE OF INJURY (Home, farm		County) (State)
AFD	Haura m	10	Not while	actory, street, office bldg , etc.	1	
		nat (1) (this haspital) atten		12-12-19	6.Q. to	that (I) (wa) last
		ased alive an $12-1$	- 1		M, fram the causes and an the	
	22a SIGNATURE	used diffe dif _Z_ZZ_	A , and mar	gediti accorred afrabi	m, from the couses and on the	22b DATE
		Taul 7/ 6	Stann-	M.D. PHYS MI DI	ED STAFF RECTOR PHYS.	SIGNED
	22c PHYSICIAN'S			22d. ADDRESS 7	OD Carroll (14)	1960
	NAME (Type)	PAUL V. STAR	2	Tabo	The state of the s	
=	30 B. PIAL COSTANT		23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, lown, or county)	(State)
1	Da BURIAL, CREMAT REMOVAL (Specif	y)				
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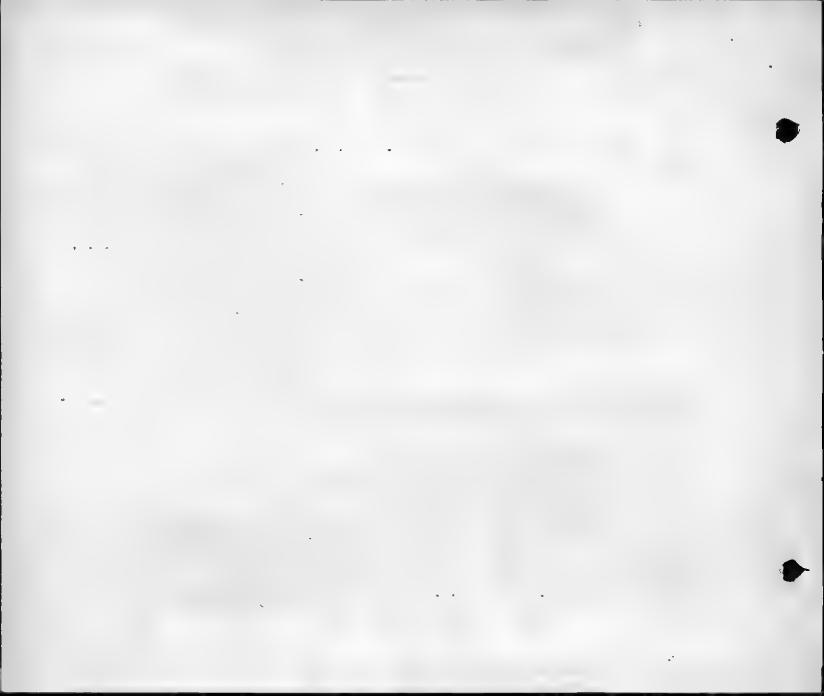
may be restricted by the haspital ar attending physician.

TO EUMER IL BIRICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages; Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 havis offer death (ter death. Page 4 ATTINDING IMYSELEN: The law requires that the Teath certificate be exacuted within 24 hay TO HOSPITA VR A15 (4) 15M 9/59



14157 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY o._STATE 8 **b. COUNTY** MARYLAND Montgomery Pennsylvania b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Bethesda days Dover d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? The Clinical Center, Bethesda R. D. #4 YES NO IX NAME OF First Middle 4. DATE DECEASED OF DEATH (Type or print) Steven Gene Marshal 1960 December 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NO 8. DATE OF BIRTH 9. AGE (In years IF UNDER EYEAR IF UNDER 24 HRS lost birthday) Months Hours Male White WIDOWED | DIVORCED [7] March 23, 1960 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) None Chill d South Carolina U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 늉 William G. Marshall Mary N. Avant Mave haurs WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT The Medical Record Address ending No The Clinical Center, Bethesda 14, None Maryland 18. CAUSE OF DEATH [Enter only one couse ger line for (o), [b], and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AIMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse fast. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED PERFORMED? YES A NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc 1 Hour a. m. While Not while of work of work to December 25 19 60 that I last saw the deceased 21. I certify that I attended the deceased fram ecember 20 1960 detache ___, and that death accurred a 6:35 P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE The Clinical Center should be National Institutes of Health PHYSICIAN'S Jerome B. Black M.D. Bethesda 11. Maryland NAME (Type) co 220 BLRIAL CREMATION. 22c MAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) 9 23. FUNERAL-DIRECTOR'S SIGNATIONE? -ADDRESS 140. REC'D BY REGISTRAP 246. REGISTRAR'S SIGNATURE DEC 2 9 '60 VS A15 (4). 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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VR A15 (4) 15M 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE o. COL				AA A D	YLAND	o. STATI		tara decesses	lived. (f institu	rion: Residen	ce before	odmissio	on)
		omery					aryland			TOMPON	TITLE	10.7	
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d. NAI	Derwood ME OF HOSPITA INSTITUTION	nd R.P.D. H.	ive street	oddress) yr 3m	ios	d. STRE	ockvill et address	e, 19			0.	IS RESID	DENCE
"		Nursing H	ome		j	2 3	00 Fred	rick #	THE			YES []	
3 NAME DECEA	OF SED	Fi		Middl	ė	-8-	Lost	4. DATE OF		onth	Day	Y	eor
	or print)	Rosi	B	Mo F	hers		artin	DEATH		mher	2.3		9 60
S SEX	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED					. DATE OF	BIRTH		9. AGE (In year lost birthday)	Months		Hours	R 24 HRS Min
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	lousewi	<u>re</u>		Mone		1	Maryl				S.A	•	
13 FATHE	R'S NAME					14 MOTH	ER'S MAIDÉN I	NAME					
	Samue	l Pagon					Josephi	ne Put	men				
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Tie c	AUSE OF DEAT	IH Enter only one co	ouse per (i	ine for (o), (b), and (c)		0 000		T L DI UTIL		THILL CALL			WEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure. INTERVAL BETWEEN ONSET AND DEATH												
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	aditions, if on		1	Schil	. 7	£							
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ATION													
CERTIFICATION SOLO COS CO COS COS CO COS CO COS CO COS CO COS COS CO COS CO COS COS CO COS COS COS CO COS COS COS COS COS COS COS COS COS COS	ACCIDENT WAS ONTRIBUTING THER, NOTIFY A	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY	OCCURRED	. (Enter note	re of injury in	Port or Por	t II of item 18)				
20c. 1	IME OF INJURY Hour o. m.	Month, Doy, Ye	While	NJURY OCCURRED Not while	20e. PLA foct	CE OF INJU	RY (Home, farm office bldg., etc	n, 20f. (City	or town)	(0	County)		(Stote)
`⊢	p. m.					10	e- c	-	/ 1 1	> -			
21	certify that	(I) (this haspita	l) often	ded the deceased									
	the decease	ed alive on 12	2	3_1960, and	d that de	eath accu	rred at	M, fram	the causes o	and an the	e date s	stated	abave
220	SIGNATURE	Q	1	0									DATE S GNED
1		-0 /			A	ATTEN		ED RECTOR	STAFF PHYS	12	-/27	14	3 ONLD
	PHYS C AN S NAME (Type)	Lucian	- 3	1. Lea	1	22d. A	DORESS				-,		
23o. BURI	AL CREMATION	V. 235 DATE THEREC)F	23c NAME OF CEA	METERY OF	CREMATO	RY	23d LOCAT	TION (City town	or county)		(Stote)
REMO	OVAL (Specify)	18/27/	30	Lineply			tery	Re	ockwille	244			
1 to K	ent C	SIGNATURE	w	- NECKU	relike) m	DATE 250. REC	D BY REGIST		GISTRAR'S SIG	GNATURE		
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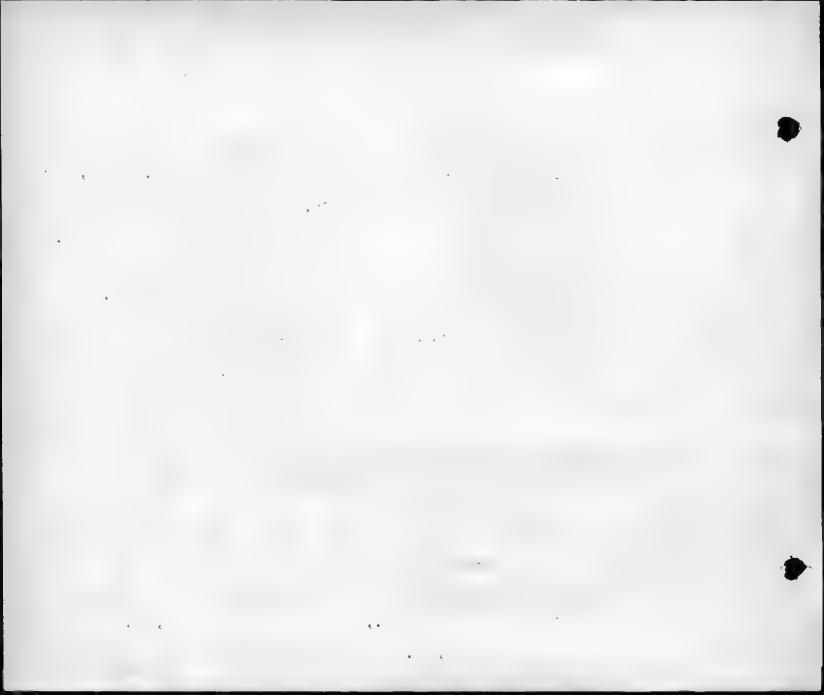
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1 PLACE OF DEATH COUNTY	,	MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. GOUNTY Than Y land.							
	b. CITY OR TOWN (IF RURAL and give nec	auts de carporale limi arest tawn)	ts, write	c. LENGTH OF STAY IN 16	c CITY OR 1	OWN (If ou	itside corpore	ote limits, write R	URAL and giv	e nearest to	wn)
ı	Germantovn	1		life	Germ	antown	1				
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION					d. STREET A	DDRESS				ON	ESIDENCE A FARM?
ı	3 NAME OF DECEASED	Fil	st	Middle	los		4. DATE Of	Man		Day	Year
1	(Type or print)	JOHN		FRANKLIN	MASON		DEATH	De		18,	19 60
	5 SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	8. DATE OF SIRTE	1	9	lost birthday) 69 yrs		YEAR IF UN	
1	ma le	colored	WIDOW	EDJOR DIVORCED	Dec. 10	, 1891		69 yn		.,.	
	during most of worki	ng life, even it retired	dane 10b	KIND OF BUSINESS OR INDU				untry)		NOF WHAT	
	Housema	n				rylam					- 4
	13. FATHER'S NAME	John F	. Mas	on	14 MOTHER'S	MAIDEN N	Herri	et Brow	70.		
	15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17 1	NFORMANT Mildred	Stewar		Germanto	ress	•	-
,		IH WAS CAUSED BY. IMMEDIATE CAUSE (c DUE TO)	Coronary	y Th	iros	nlis	leron	~	INTERVAL ONSET AN	
	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GIV	/EN IN PART	PER	S AUTOPSY FORMED?
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature a	finjury in P	art I ar Port	II of item 18)			
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. p m, 19 While Not while of work of								(State)		
21 I certify that (I) (this hospital) attended the deceased from Jan 1958, to Dow 18, 1960, that (I saw the deceased alive on Dev 14, 1960, and that death occurred and Jan American Staff Phys Communication of the date state of the physician's NAME (Type) Vernon E. Marten S. December 1960, and that death occurred and Jan American Staff Phys Communication of the date state of the physician's NAME (Type) Vernon E. Marten S. December 1960, and that death occurred and Jan American Staff Phys Communication of the date state of the physician's personal physician of the date state of the physician's personal physician of the date state of the physician of the date of the physician of the date of the physician of the physic											
	23a BURIAL CREMATION REMOVAL SPICE FY	12/22/6	0	Brownstown				on (City town, mantown		{S	tate)
	24 FUNBRAL DIRECTORS	SIGNATURE L'AVIO	de	ADDRESS wille, Mi.		25g. REC'S	BY REGISTR	_	STRAR'S SIGI		



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CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution of Columbia.	n: Residence before admission)
b CITY OR TOWN (it dutaide corporate limits, write	c IENGTH OF STAY IN 16	H	outside corparate I mits, write RU	IRAL and give negrest town)
RURAL and give nearest town)				<u></u>
Bethesda (Rural)	15 min.	Washington	1.19	e. IS RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		ON A FARM?
U. S. Naval Hospital		304 Anacos	stia Road - Apt.	. 302 YES NO D
NAME OF First DECEASED	Middle	Lost	4. DATE Month	h Day Year
(Type or print) Baby Gi	rl.	MATRIAS	DEATH Decei	mber 5 1960
SEX 6 COLOR OR RACE 7. MARR		8. DATE OF BIRTH	9 AGE (n years	FUNDER 1 YEAR IF UNDER 24 HRS
Temale Mongolian WIDOWE		12-5-60	lost birthdoy)	Months Doys Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b.				12 CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)				
		Maryl		U.S.A
3. FATHER'S NAME		14. MOTHER'S MAIDEN I		
Garrett V. MATHIAS		Sumiko HAT		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17. IP	NFORMANT	Addre	998
	None (F) Garrett V.	Mathias, same	as #2_above
18. CAUSE OF DEATH [Enter only one coule per lin	te for (o), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	maturity (appr.	. 18 weeks ge	station)	
7'1/_ X DUE TO				
Conditions, if any, which)				
gove rise to immediate				
couse (o), stating the under-				
lying couse lost.) (c)				
PART 1 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALD SEASE CONDITION GIVE	PERFORMED?
5				YES X NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Port II of item 18)	
20c TIME OF INJURY Month, Day, Year 20d In Haur o m While p m. 19 of work		ACE OF INJURY (Hame, farm		(County) (State
Hour o m 19 While	INDI WILLS	ctory, street, office bldg , etc	2.)	
	k ot work	7	(0 5 5	
21 I certify that (I) (the begins attend	led the deceased from	Dec. 5 19	bu ta Dec. 5	, 19. 00 , that (I) 0010 las
saw the deceased alive an Dec. 5	19 90, and that a	death accurred at 54	M, from the causes and	d an the date stated above
220 S GNATURE	111-1			226 DATE SIGNE
I VIN CHICA	ey'n	M.D. PHYS TO D	AED. STAFF	12-5-60
22c. PHYSICIAN'S		22d. ADDRESS		
A. O. ANCTIL,	JR., LT, MC,	USU U.S. Na	val Hospital, 1	Bethesda, Md.
3d BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City Town, o	r county) (State)
Burial 12-7-60	Arlington	Mational	Arlington	Virginia.
A LAND DIRECTOR'S STONYATURE	ADDRESS			TRAR'S SIGNATURE
	AC DEMINORA	MD DAYS		n 44 .
R A. PUMPHREY FUNERAL HO	We Delibeony	MID.	12 CO 120	un & Flankth

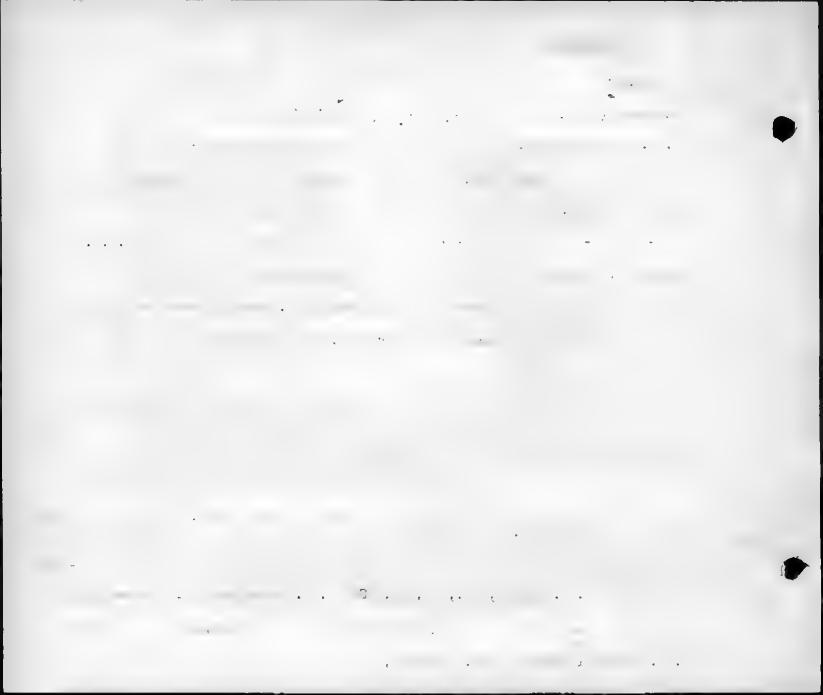
moy be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 into State Board of Health prior to burial, cremation, or removal, and in any eyent-within 72 hours after death TIMDING PHYSICIAM: The law requires that the death certificate be executed within 20 lawrs TO HOSPITAL

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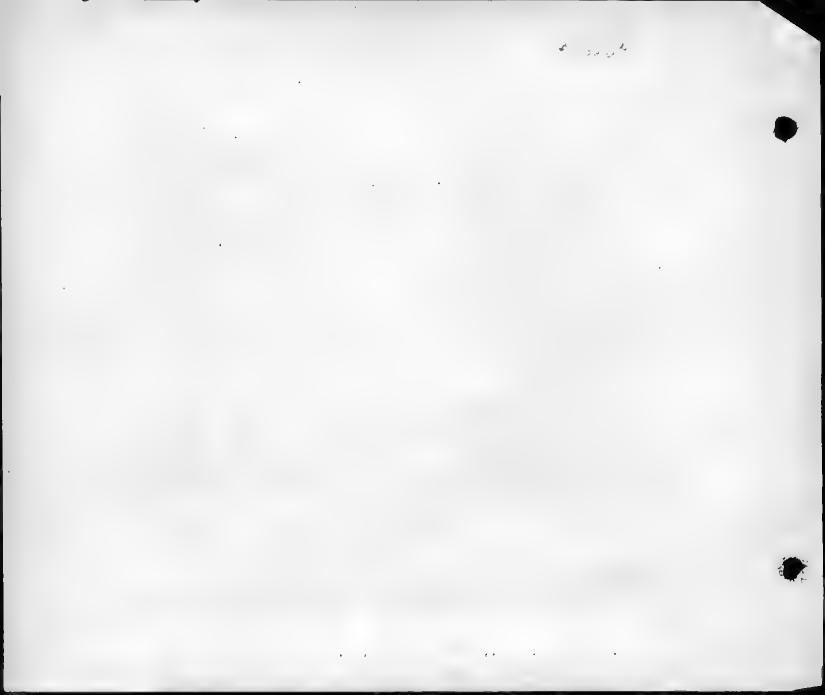
funeral director,

death. Page 4



1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Eved If institution Residence before admission) a COUNTY o. STATE MARYLAND MICHTIMP CITY OR TOWN III autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give hearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? 29011 YES | NO THE NAME OF 4. DATE First Middle DECEASED QF. DEATH (Type or print) 19 S SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE **B DATE OF BIRTH** AGE (In years MARRIED T NEVER MARRIED lost birthday) Months Days WIDOWED | yrs 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Catherine 17, INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PART + OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 20g ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port of Part II of item 1B) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOT FY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f, (City or town) (County) (State) foctory, street, affice bldg., etc. Hour o. m. While Not while at work at work 21 I certify that (I) (this hospital) attended the decessed from 30 -PM DECUIS 1960 to 305 PM DEC 7960, that (1) (we) last ond that death occurred at OS PM, from the causes and on the date stated above sow the deceased alive on Alice 22a. SIGNATURE 22b DATE SIGNED ATTENDING PHYS aim DIRECTOR | M D PHYS -22c. PHYSICIAN'S 22d ADDRESS NAME (Type) % Washington Sanitarium & Hospital BURIAL CREMATION, 23b. DATE THEREOF 23d LOCATION (City, town, pr county) 23c NAME OF CEMETERY OR CREMATORY (State) O REMOVAL (Specify) Mich Markenau 10ee, 19, 1960 Aurua! 24 FUNERAL DIRECTOR'S 5 GNATURE 25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE E. Pumphrey. Calun & Kall 9 '60

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

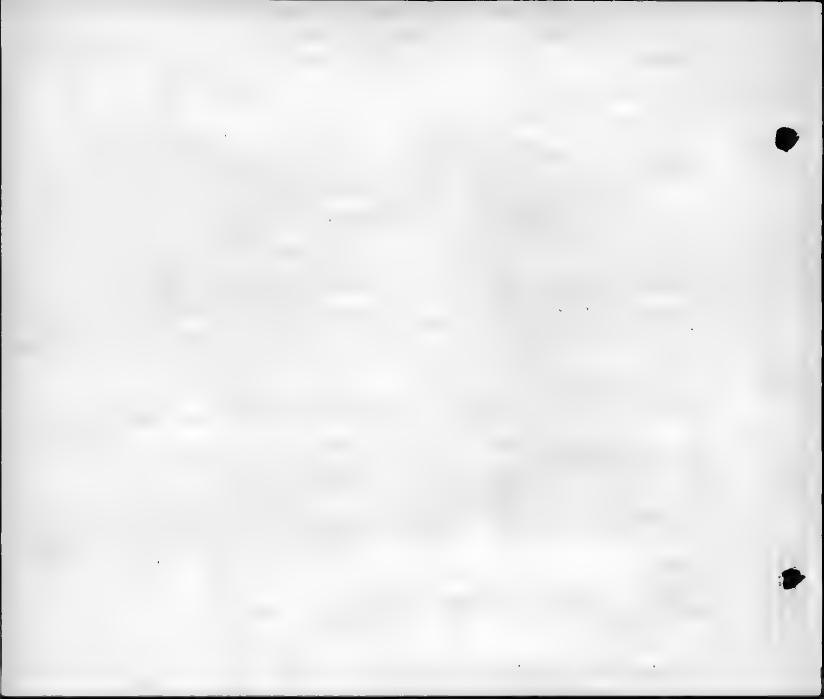
4046 CERTIFICATE OF DEA	4	()	4	6	CERTIFICATE	OF	DEAT
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1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
L	o. COUNTY Misnly MARYLAND	o. STATE - More flood B. COUNTY monthsomely
	b. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
L	Jakoma Jorb 8 ms	1 Japanna Jack 12
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	o. Is residence on a same
	Char Hiner Hear Home	1 BANG HARRY AND THE BY NO -
3.	NAME OF First Middle Middle	Lost OF Month Day Year
5	(Type or print)	DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
T)	Temple Whate WIDOWED IN DIVORCED	along 13 1873 Strinday Months Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if relired)	TRY 11. 81R7HPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		FORMANT Address
- "	Yes, no, or enknown) (If yes, give war or dates of service)	with the little or the of the second
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ONSET AND DEATH
	DUE TO	
	Conditions, if ony, which (b)	
	gove rise to immediate OUE TO	
	lying couse last. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
Ş		YES NO D
CERTIF	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAN Hour o. pt. 19 of work of the control o	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
2		
	21. I certify that I attended the deceased fram	1960, ta 18 23, 1962 that I last saw the deceased
	alive on 1260, and that death	accurred at A. A.A.M., from the causes and on the date stated above
	ACTUAL PLANTS & Jam 200	ADDRESS (Street, city or fown, stote)
	SIGNATURE OF THE N	10
L	NAME (Type) Philips E. Johes	Silver Spring Md
22	20. DIDNAL CREMATION 226. DATE THEREOF 22C. NAME OF CEMETERY OR Lee's Cre	matory Washington, D.C. (Stole)
23.	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	J.Wm.Lee's Sons Co.300-4th Street	N.E. DEC 28'60 Cola & Kuna

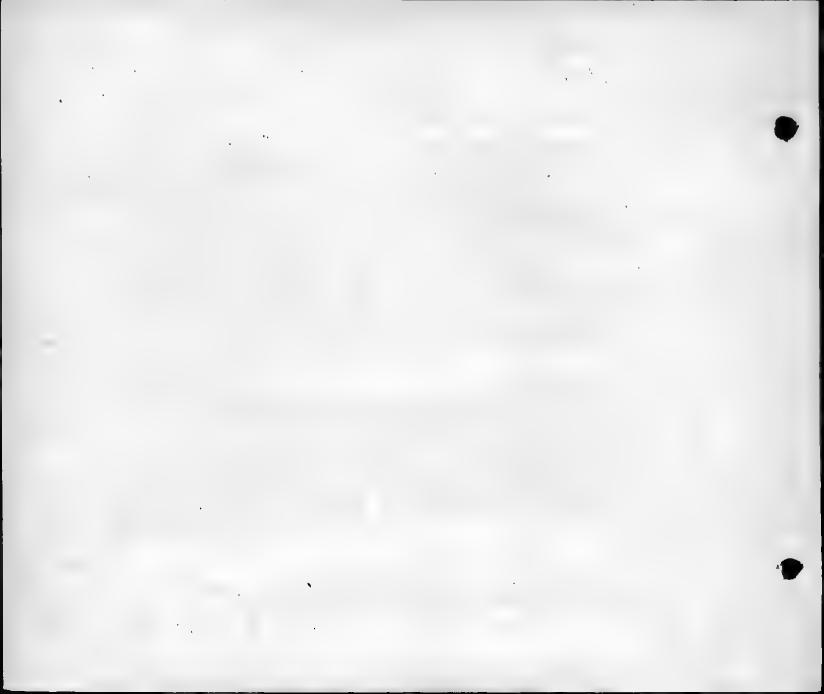
TO HOSPITAL TATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be rest. It is the hospital or altending physician.

TO FUNERAL IN ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

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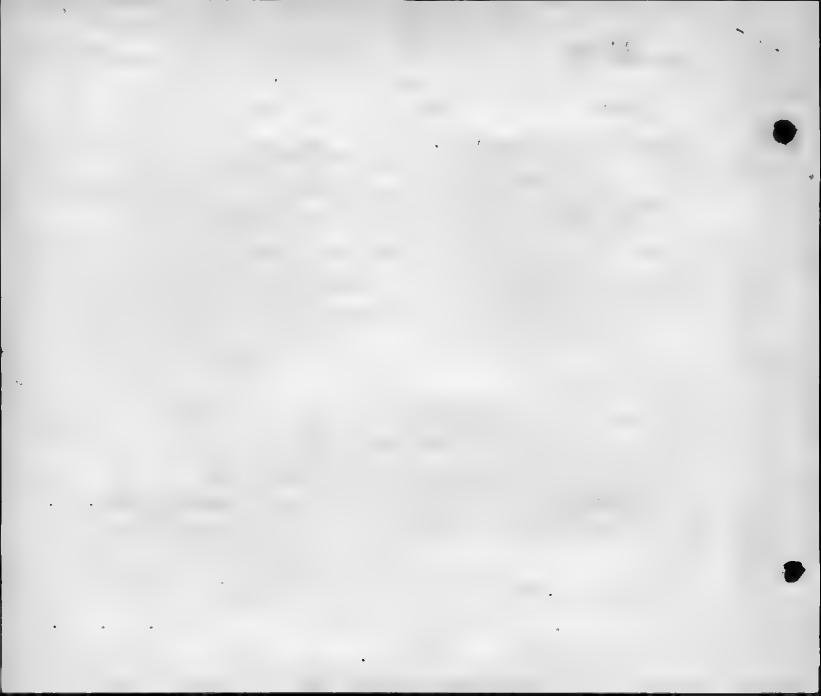


	1, 2	COUNTY		2. USUAL RESIDENCE (Wh		If institution Res	dence before admi	ission)
\setminus		Myntgornery	MARYLAND	, hay	160-20	COUNTY	Un Goin	26/
И	b	CITY OR TOWN (If oyt) de corporgée limits, write RURAL and give nearing town)	c. LENGTH OF STAY IN 16	CHY OR TOWN (15)	uiside corporate lim	its/"write RURAL	and give nearest to	~9
		Silver Series	year	3-3 V	selfile.	spuing.	Ţ	4
	C	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUT ON	oddress)	d. STREET ADDRESS	. A 200	1	e IS RI	ESIDENCE A FARM?
		220 Heaville Dre	uce_	220 HLAN	selle Lu	rive.		NO [2]
	3. N	IAME OF First	Middle	Last , "	4. DATE	. Month	Day	Year
		Type or print)	A. 1	MEGEEVER	OF DEATH	ilec.	13.	1960
	5 S	EX 6 COLOR OR RACE 7- MARK	NEVER MARRIED	B DATE OF BIRTH	9 AGI		IDER 1 YEAR IF UNI	DER 24 HRS
	·	Timele Whate WIDOW		april 8, 14	109 100	birthdoy) Mon	ths Doys Hour	Mín
	10a.	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country)	12	CITIZEN OF WHAT	COUNTRY?
		TIME ARUL	at Home_	Larguel	/taps	elle ,	16. S. C	Z.
	13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN N		,		
		william Hroan		Tist C	evailable	L		
/	15 '	WAS DECEASED EVER IN U. SARMED FORCES? 16	SOCIAL SECURITY NO 17	NFORMANT	. 1	Address		1
		70		10/4x 3. /// 4	Scepency, (Adepu	our # 1	2)
		18. CAUSE OF DEATH [Enter only one couse per li	ne, for (a), (b), and (c).]	0 - /	7		INTERVAL ONSET, AN	BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	denotorum	oma 1 6	weer by	with	15/-	20 77
		DUE TO	metasi	to a c	1			
		Conditions, if ony, which) (b)	1 runcer	enero	V			
		gove rise to immediate DUE TO						
		lying couse lost. (c)						
	N _O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(o) 19 WAS	S AUTOPSY ORMED?
	CERTIFICATION							NO [4
	MIE	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in I	Port I or Port II of i	tem 18)		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	ICAL	4.5		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	. 20f (City or tow	m)	(County)	(Slote
	MEDI	Hour o. m. White of wor		ciony, moon, ormes oragi, esc.	"			
		2) I certify that (1) (this haspital) attend	led the deceased fram.		4710.13	SELL!	19.60 that (1)	(we) last
		saw the deceased alive an 12-5-6	4 .					
		220 SIGNATURE	00					225 DATE
		William It.	Cided	M.D PHYS ATTENDING MI	ED STA RECTOR PHY	FF 'S 🗌	13 De	C GONED
		22c PHYSICIAN'S NAME (Type) /// / / / / / / / / / / / / / / / / /	0	22d ADDRESS	1	,21 8.	. 9	y,
		NAME (TYPE) POILLIANT D.	HUD	7006 Ca	leaville 1	a- sau	the sprun	1 1/01
	230	BUR AL CREMATION, 236 DATE THEREOF	23¢ NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (Lify, town, or cou	niy) (Ši	ote)
		PAULICE Dec. 16.1960	HALL CIF HE	asies Century	Mulge	may Cot	414, 0	red -
1	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS U	250y/REC'I	D BY REGISTRAR	256 GEGISTRAR	S SIGNATURE	
	X	withing blowless, 254	Will de Me	ACC DATE DE	C 1 6 '60	Castun	2 thrum	



Division of STATISTICAL RESEARCH AND RECORDS **BALTIMORE 1. MARYLAND** l-lc-bl-et PLACE OF DE USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission a. COUNTY Montgomery a. STATE b. COUNTY to the funeral director. Pag Se retained for your files. MARYLAND b. CITY OR TOWN (if outside corporate I mits c. CITY OR TOWN (If outs'da corporata limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 your l Write RURAL and a va nearest town)
Bey he sda Pittsburgh 32 DOA d. NAME OF HOSPITALIOR INSTITUTION (Finol in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM? US Route 240% Old Georgetown Rd. retained to State B 5440 5th Ave YES NO 7 NAME OF Middle DATE DECEASED Dorothy McMurry (Type or print) Dec. 19 60 DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3 2 with last birthday). female WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY / 16 12. CITIZEN OF WHAT COUNTRY? done during wrost of working life, even if refined) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.1 (If yes giva war or deles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Xidoli. IMMEDIATE CAUSE (a) **DUE TO** {b1 geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES 🏋 NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of ilam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. execute the certificate, writing 20c. TIME OF INJURY (County) (State) factory, street, office bldg., atc.) at work at work or highway Bethesda forwarded to the ${\tt Montg.}$ 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion death resulted from: Natural causes Accident 3 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER 🔲 DATE SIGNED should be for DEPUTY MEDICAL EXAMINER DEPUTY Frank J. Broschart NAME (Type) Address (Street, city, town, or county) 224, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Cedar Hill Crematory Prince George Go.. Jan. 2, 1961 0 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS Bethesda, Md. A. PUMPHREY 5M 7/59 JAN 5 '61

MARYLAND STATE DEPARTMENT OF HEALTH



BALTIMORE I, MARYLAND 2, Film G-279 1-23/61.p2 1 Must 2 USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) I. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (Fourside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give never at the write RURAL and give nearest town) Pittsburgk d. STREET ADDRESS Washington, D. C. Bethesda d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Suburban Hospital IS RESIDENCE State US Route 240 & Old Georgetown Rd. 3. NAME OF 4. DATE DECEASED OF the (Type or print) DEATH Ruth K. McMurry with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED female 10e JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired in pencil in Item 18. Give Pages pages | within 13. FATHER'S NAME TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) (If yes give war or detectof service) Office along with for burial-transit permit, smoval, and in any 8 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN SUDDEN PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE 10 Conditions, if any. [6] geve rise to immediate causa DUE TO (e), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e . 19, WAS AUTOPSY PERFORMED? be forwarded to the Chief Medical ERAL DIRECTOR: Page 3 should be exerute the certifimte, writing the ward NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part | or Part | of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Passenger in car which ran in rear of truck 20c. TIME OF INJURY Month, Day, Year (County) (Steta) factory, street, office bldg., etc.) While Not While Montg. Md. Bethesda et work at work prior 21 I certify that I took charge of the remains described above, held an Autopsy K. Inspection [Inquiry and in my opinion death resulted from: Natural causes Accident K . Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 12/31/60 **EXAMINER'S** EPILL NAME (Type) Frank J. Broschart Address (Street, city, town, or county) 22a, 8 JRIAL, CREMATION, 1 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Jan. 2, 1961 Cremation Cedar Hill Crematory | Prince George Co., 40 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME N ROBERT A. Bethesda, Md. PUMPHREY Cerinary S. Kraus '61 DATE AN 5 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS



I.	4.77.1.71				U
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived.	If institution. Residence	before admission)
	MICN'T GOMERY	MARYLAND	MARYGING	1/10	12 + 6 CMER.
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate lur	7 01 1	/
-	Takona MRKI	DICIA	3 + >11666 =	DR1106	
	d! NAME OF HOSPITAL (If not in haspital, give street ad or institution)	NUSP	2966 Weller	Road	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF DECEASED (Type or print) First	Edward	Me. Her 1 4. DATE OF DEATH	Month /	Day Year / 19 6
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED			5 3 3 4 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS. ays Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of werking life, eyen if retired) Se	ND OF BUSINESS OR INDUS	STRY 11, BIRTHPLACE (State or foreign country)	12 CITIZE	1 . SA
1	13. FATHER'S NAME ROBERT EDWARD MELTON		NANNIE PIERCE		
1	[Yes, no structure nown] (If yes, some secretaristics of service)		FORMANI • Neva G. Melton, 290		•
	18. CAUSE OF DEATH [Enter only one cause per line. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE [6]	far (a). (b). ond (c)]	occlusion	ring, Md.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b)	Porouar	y Thrombone	7	10 menste
	gove rise to immed ate couse (o), stoting the under- lying couse lost	provary 6	Erfereo Clerolic C	arkiovaiend	5 years
	Part II OTHER SIGNIFICANT CONDITIONS CO 206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUT NG TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	D TION GIVEN IN PART T	(D) 19 WAS ALTOPSY PERFORMED? YES NO
		IBE HOW INJURY OCCURRE	D (Enter nature of injury in Part I or Port II of i	tem 18 }	
	20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a. m. p. m. 19 While at work [Not while foo	ACE OF INJURY (Home, form, 20f. (City or tow tory, street, office bldg., etc.)	m) (Cod	unty) (State)
	21 1 certify that (I) (this haspital) attended saw the deceased alive on 2	en l	leath accurred at M. from the c		
	Morian & Fo	can f	ATTENDING MED STA	\FF	11 KORE GEO
	22c Physician's NAME (Type THOMAS P. FOGARTY	9	1011 Unw. All	dE. Sile	Les Joney 1
	230 BUR AL CREMATION, 236 DATE THEREOF BUR TACK 12/14/60	230 NAME OF CEMETERY O ARLINGTON NAT	· ·	City, town, or county) TON, VA.	(Stote)
	24. FUNERAL DIRECTOR'S SHANNIYES BY, INC.	STLVER SPRIM	NG, MD. 250. REC'D BY REGISTRAR DATE DEG 1 9 '60	256, REGISTRAR'S SIGN	FATURE R. Kraud

TO HOSPITAL MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or death. Page 4 may be retoring by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotian, or removal, and in any eventywithin 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

Montgomery

Month

Months I

14163 director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) o. STATE MARY LANG b COUNTY Montgomery MARYLAND era CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) å RURAL ond give necrest fown)
Bet nesda Bethesda tre fund d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4857 Battery Lane Battery Lane, Apt. 303 c DATE OF DEATH NAME OF Middle Filled DECEASED death. Type or print) JOSEPH MICHELSON Dec. oges 9 AGE (n years S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH last birthdoy) after White Male Apr. 17.1878 WIDOWED | DIVORCED | papers 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) hours Street Car Conductor Illinoia Retired Chicago. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Oscar Michelson remaye 5205Greechen St. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Son 37-03-4064 Donald Michelson Kensington. Md. No please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY Coronary thrombosis IMMEDIATE CAUSE (6) DUE TO Arteriosclerotic Heart Disease á Conditions, if ony, which (b) te has been signed burial-transit permi gove rise to immediate **DUE TO** couse (a), stating the under-Generalized Arteriosclerosis lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY cause undetermined Castric homorphoca CRUSS HINDSTILLING

200. ACCIDENT WAS UNDERLYING

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

OR CONTRIBUTING

CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) certificate AEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. Not while of work of work March 2 1060 to December 34,060 that (1) KK) last 27 I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an Dec. 31 19.60, and that death accurred 2:55 M, from the causes and on the date stated above FUNERAL DIRECTOR: age 3 should be detacl 226 SIGNATURE þ ATTENDING MED DIRECTOR STAFF PHYS. | M.D Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) REMOVAL (Specify) Prince Cedar Hill Crematory

ON A FARM? YES NO DO Year 31 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS Doys 12 CITIZEN OF WHAT COUNTRY?

years 10 years PERFORMED?

YES NO THE

INTERVAL BETWEEN ONSET AND DEATH

(County) (Stote)

SIGNED

Ray Avenue, Bethesda, Maryland

Cremation 24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

George Co., Md. 25b REGISTRAR'S SIGNATURE 250. REC D BY REGISTRAR

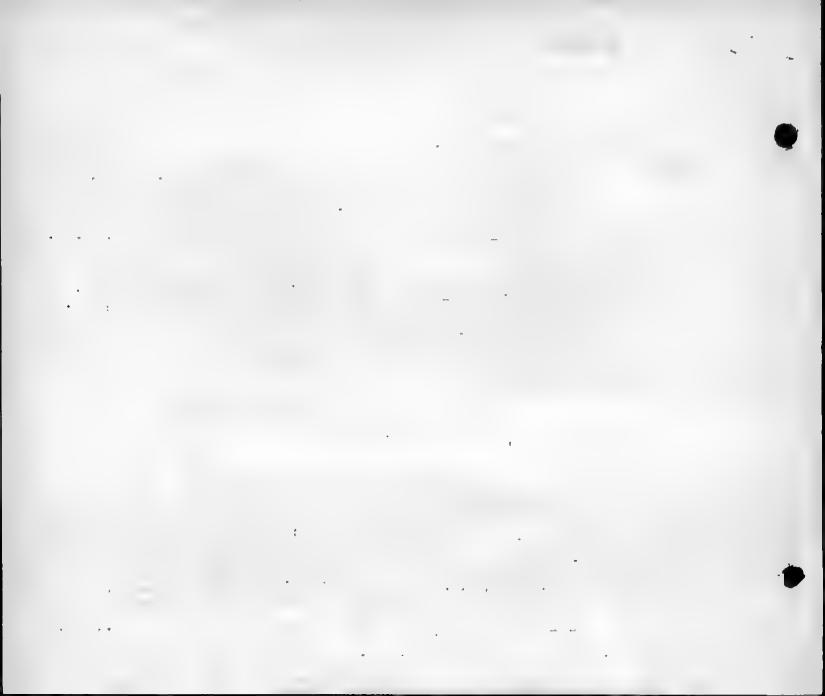
Bethesda, Md.

DATEJAN 5

Chilling & Thous

0

VR A15 (4)



WCE

Funeral

ADDRESS

DIRECTOR:

0 VS A1S (4) 1SM 9/58

3 should

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

REMOVAL_(Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226 DATE THEREOF

Wheeler

INTERVAL BETWEEN ONSET AND DEATH FED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S (State) (County) 50 to De 18 1960 that I last saw the deceased and that death accurred 6.45 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Darnestown 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 21 '60

o is residence on a farm? YES NO

Hours

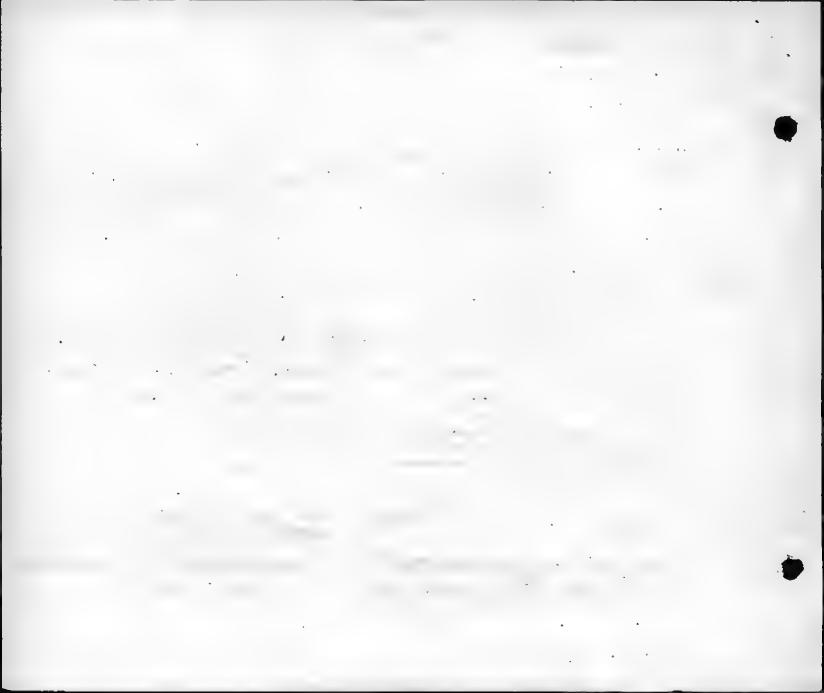
12. CITIZEN OF WHAT COUNTRY?

Year

196 0

Day

Days



death. Page 4

may be retained by the hospital or attending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death

NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14013 CERTIFICATE OF DEATH

14108

\perp		Kag, Dial. NV.									
Ī	PLACE OF DEATH o, COUNTY			2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY (COUNTY COUNTY TO COUNT							
VI.	MONTGOMER	Y	MARYLAND	MARYLA	IND	MON	TGOMER:	Y			
4	b. CITY OR TOWN (If outside corpora RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
ı	STLVER SPRING 4 MONTHS			5 / SILVER	RSPRIN	IG					
	d. NAME OF HOSPITAL (IF not in hos OR INSTITUTION	pital, give street	address)	d. STREET ADDRESS			e. tS F	RESIDENCE			
		RERRY S	TREET	7 12033	BERRY	STREET		D NO X			
3	NAME OF	First	Middle	Lost	4. DATE	Month	Day	Year			
Н	DECEASED	RGARET	Т	MILLS	OF DEATH	12-	28-	19 60			
5	SEX 6 COLOR OR		ata	B. DATE OF BIRTH		AGE (In years IF UNE	DER TYEAR IF UN				
ı	FEMALE WHITE			1-14-96		ost birthdoy) Month	ns Days Hou	rs Min.			
1	9a USUAL OCCUPATION (Give kind of				or foreign count		CITIZEN OF WHA	T COUNTRY?			
П	during most of working life, even if	VIRGINIA		.,	II C	٨					
h	RETTRED 3. FATHER'S NAME		.S. GOVT.	14. MOTHER'S MAIDEN N			U. S.	41.0			
П		TECH TONE				T INTO III	10				
+	Service and	USEN ED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	_MAUD.n.	Address	,D				
	Yes, no. or unknown) (If yes, give war or d	fates of service)						(/ m			
¥	NO		77-56-6991	GEORGE P. I	WILLIE	JR. SA	IE AS 7	re 1			
П	18 CAUSE OF DEATH [Enter only		ne for (a), (b), and (c)]				ONSET AL	BETWEEN ND DEATH			
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										
ı	170 X DUE TO Charles Charles										
	Conditions, if any, which) (b) a conditions, if any, which)										
	gove rise to immediate couse (a), stating the under DUE TO										
1.	lying cause last. (c) My palases I) min y Harry Miller										
1	3	IT COMBINIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	MOIT ON GIVEN IN	PER 1(a) 19, WA	AS AUTOPSY			
	5						YES	□ NO			
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	DEATH 206 DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in)	Port - or Part II	of item 18.)		·			
		INER)									
		*	I.	ACE OF INJURY (Home form dary street office bldg, etc.		tawn)	(County)	(State)			
15	Mour o.m.	19 Of wor	k ot wark	waty most arree sag, etc		_					
П	21. I certify that I oftende	d the deceas	ed from 12772	11. 1960 10 1	1)000	9 19 / Shot 1	lost sow the	deceased			
	olive on DO + 7	C/ 19/	c / ond that death	T	M from the	causes and on					
ı	1		2 22, ond mor deon			, city or town, state)		ATE SIGNED			
ı	ACTUAL DO C	2, , ()	Curso	do 106	1700	Grando	aldec	1112			
ı	SIGNATURE	say		May		- Later of -					
ı	PHYSICIAN'S NAME (Type) JOH	IN J. C	URRY /	la V	110	1 unes	1- 124	d			
2		THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATIO	(City, town, or coun	(1)	rate)			
	REMOVAL (Specify) BURIAL 12-31		CAME OF THE	AVEN CLIETER							
2	3 FUNERAL DIRECTOR'S SIGNATURE	20 Office 1	ADDRESS WARL	the second secon	D BY REGISTRAL	the state of the s	A	ALVND			
	FRANCIS J. CO	TEMP	7,001 1 / C	D. O. O.	c 3 n '60	Cathan					
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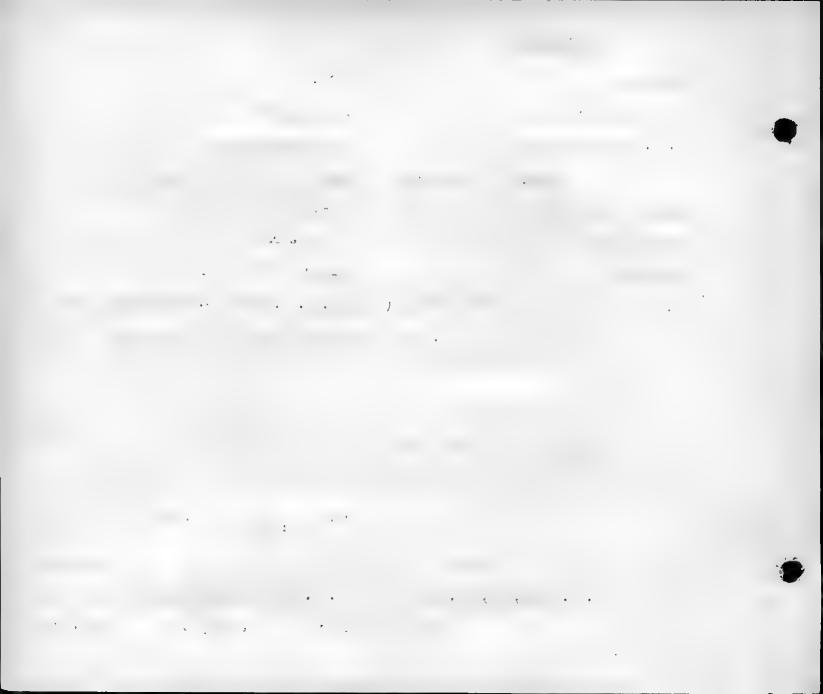
death certificate be executed

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	X7040	CERTIFICA	TE OF DEATH		13110
	1 PLACE OF DEATH OCH GOMEN	MARYLAND	O STATE AA	the deceased lived. If institution Rest	ndence before admission)
	b CITY OR TOWN (If outside corporate limits, a RURAL and give nearest town)	write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (1 out	tside corporate fimits, write RURAL o	nd give nearest town)
	Takomu Park.	18 acys.	Stall ren	pring	
	d. NAME OF HOSPITAL (Fnot in hospital, give OR INSTITUTION South and IN	n + Hospital.	1 606 By	nifant St.	e is residence on a farm? Yes \(\) no \(\)
gh. e-/	3 NAME OF DECEASED (Type or print) DONALD	O'DEAN 1	MONTGOMERY	DEC Month	Doy Year 14 19 (c. 0
	I M I	MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 29, 1921	9. AGE (In years left UN) S Q yrs.	DER TYFAR F UNDER 24 HRS. hs Days Hours Min
	100 USUAL OCCUPATION (Give kind of work don during most of working life, even if setired)	Self Employed	ISTRY 11. BIRTHPLACE (Shole of	foreign country) 12	CITIZEN OF WHAT COUNTRY?
	tranke. Montgon	nery	14. MOTHER'S MAIDEN NA	cinsella.	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or ynknown) If yes give war or iddes of service U. U. I.		HOUPITAL 1000	rds.	
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	1. 10 - a - 1	myocardial	infarction	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which ave rise to immediate	erterioscleratiz	- cardiova;	icular-renal	years.
	cause (a), stating the under. DUE TO lying cause last (c)			dislase	J 70000
	Diabetes mellit	us			PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW INJURY OCCURRI D	ED. (Enter noture of injury in Po	int I or Port II of (tem 18.)	
	20c TIME OF INJURY Month, Doy, Year Hour o m	20d INJURY OCCURRED 20e P While Not while of work of work	LACE OF INJURY (Home, form, octory, street, office bldg, etc.)	20f (City or town)	(County) (State)
	21 I certify that (I) (this haspital) a saw the deceased alive an 2002			C. to Dec 14 1 W, from the causes and an	9.60, that (ff (we) last
	23a SIGNATURE	_L Li/a- , and mar	1		22t DATE
	Mullain & De	uppen fr.		STAFF ECTOR PHYS	12/5/60
	22c PHYSICIAN'S NAME (Type) T Simp	dson Ir	6216 N.	H. Are. NE	- D.C.
	236 BUR AL, CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY		23d LOCATION (City, town, or coun MONT'GOMERY COUN	(Store) TY, MARYLAND
	24 FUNERAL DIRECTOR'S SIGNATURE	960 GATE OF HEAV INC. SILVER SPRIN	25g PEC'D	BY REGISTRAR 256 REGISTRAR	
	WARNER E. PUMPHREY	Esha_	DATE C	EC 2 2 '60	un S. Krons

TO HOSPITAL ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 having or death. Page 4 may be report by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remayecation pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, Within 72 pours after death.

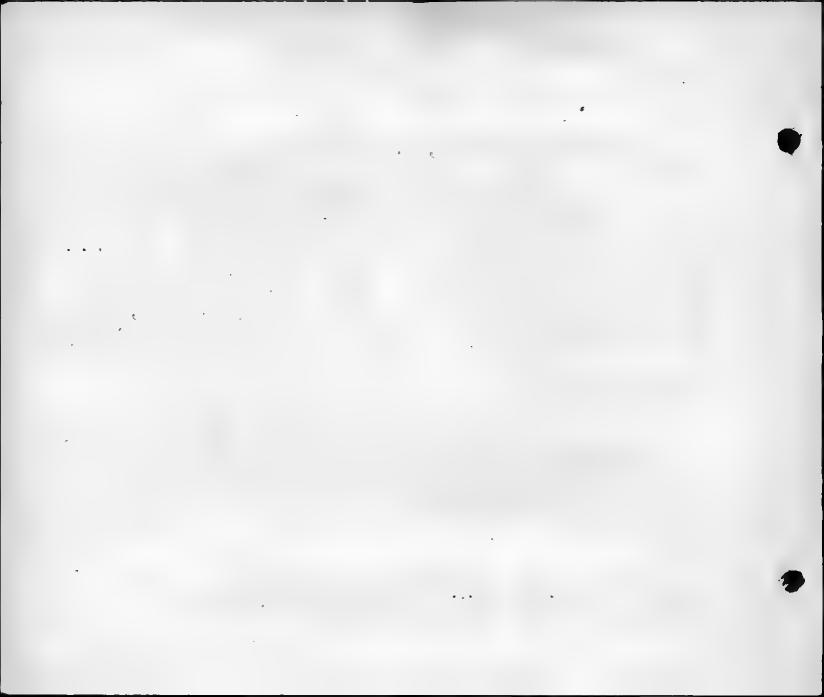


	of director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	
	eraf d	be fil	(
	TO FUNERALCTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral	plant	1
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	physici	move	the registrar prior to build, cremation, or removal, and in any event within 72 hours after death.
	nding	ease re	hin 72
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TO E	0 FU	page	the r
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VS A15 (4) 15M 10/57

TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours er death. Page 4

		4 111		CERTII	ICAI	EOFL	EAIT	1		- 1	Reg. C	ist. No		
	1. PLACE OF DEATH				2	USUAL RESID	ENCE (Wh	ere decease			: Reside	ence befo	re admis	sion)
ĺ	Montgomery			MARYL	AND	Maryl	and		P COI	UNITY E	Balt	imor	' B	1
1	b. CITY OR TOWN (III RURAL and give no	outside corporate lim	its, write	c. LENGTH OF STAY II	N 16			utside corpo	orate limits, w	rrite RUI	RAL ond	give ne	prest tow	n)
	Bethesda			61 Days		Balti	more					0 .	X	-3
	d NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital,	give street	address)		d STREET A	DDRESS							SIDENCE A FARM?
	The Clinica					4404.	Annap	olis	Road					NO 🔀
	3 NAME OF DECEASED	Fi	rst	Middle	·	Lost		4. DATE OF		Month		Do	y	Year
	(Type or print)	Den:		Lorett		Moo	g	DEATH	Dece	mber	1	1,1		19 60
	5 SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED	9 133 8. t	DATE OF BIRTH			9 AGE (In)					ER 24 HRS
i	Female	White	WIDOW	_	- 1 0	uly 1,	1951		9	yrs	Months	Doys	Hours	Min.
	100. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPU	ACE (State	or foreign c	ountry)		12 C	ITIZEN C	F WHAT	COUNTRY
	Student			None		M	aryla	nd				U.	S.A.	
	73. FATHER'S NAME					4 MOTHER'S	MAIDEN N	AME						
	Otis Moog					Geral	dine :	Poehl	itz					
	15. WAS DECEASEDEVER	IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	17. INFC	RMANT Th	e Med	ical	Record	Addres	18			
	No			None		Clinic.						Mar	ylan	id
				ne for (o), (b), and (c)]								LINT	ERVAL BE	ETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (, Neu	roblastoma	with	Metast	asis					972	Mor	iths
	17	DUE TO												
	Conditions, if or		1											
		gove rise to immediate DUE TO												
	lying couse lost.) (:}(
	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	THE TERMII	NAL DISEAS	E CONDITIO	N GIVEN	N IN PA	RT 1(o) 1	9 WAS	ALTOPSY DRMED?
	3												YES 🖪	F NO 🗆
}	PART II OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (inter nature of	injury in P	art I or Por	t II of item 10	9)				
3.		MEDICAL EXAMINER												
	20c. TIME OF INJURY	Month, Day, Ye	or 20d II While	NJURY OCCURRED 2	Oe. PLACE	OF INJURY (I	lame, form. bida., etc.	20f. (Cit)	or town)			(County)		(Stote)
į	¥ p. m.	19		k ot work										
	21. I certify the	at I attended the	deceas	ed from Octobe	r 11	19 60	, to De	cembe	r 11, 19	60	that I	lost so	ow the	decease
	alive on Dece	ember 11		60_{-} , and that c		curred at.	3:45A	M, from	n the caus	ses on	d an	the da	le stat	ed abov
1		0	10	9'				ADDRESS (S	freet, city or I	łown, sli	ole)		D.	ATE SIGNE
	SIGNATURE	divard		marci	M.D	The C							12,	/11/60
	PHYSICIAN'S E	ward E. M	Origo	M.D.					utes o		ealt	h		
	NAME (Type)	AWAIG 130 11	0130	Mad e		Bethe	sda 1	L. Ma	ryland		ш.			
	22a. BURIAL, CREMATION REMOVAL (Specify)			22c NAME OF CEMET	ERY OR C	REMATORY		22d LOCA	TION (City to	own, or	county)		(Stol	e)
	ourial	12-15	-60	Glen Have	on			uler	Burni	e. 1	Ham	land	3	
	23. FUNERAL DIRECTOR'S	· · · · · ·		ADDRESS	-			BY REGIST	IRAR 24b	REGISTI	RAR'S S	IGNATU	RE	
	Tickner's	F. H. Ba	Ito.	. Md .			DATEDEC	1 4 '6	U	auch	MA &	There	A	

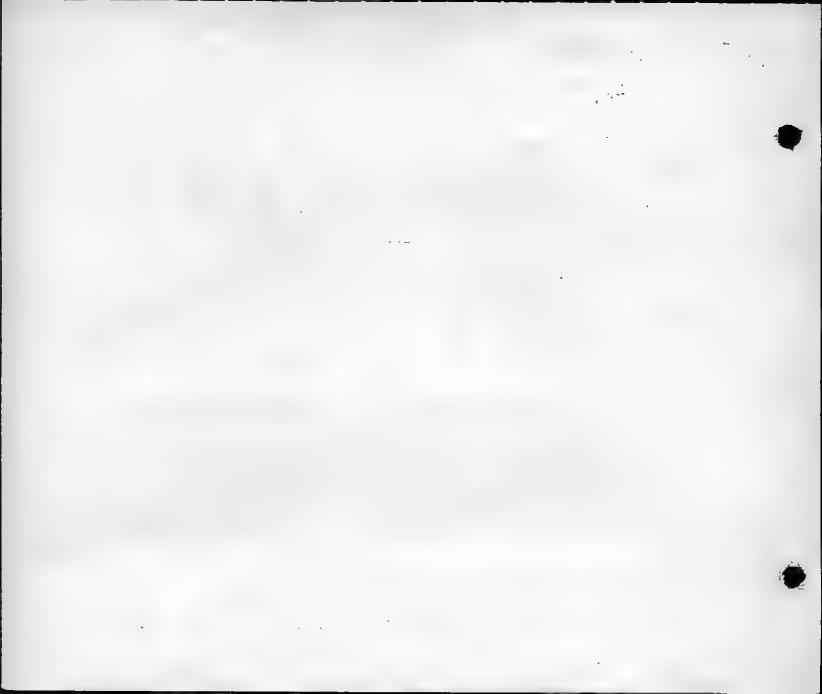


	SIRECTOR: After this certificate has been signed by the attending physician and campietaly filled in by the funeral director.	nd 2 should be filed with	1
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	ely fille	Poges 1	r death.
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	physician and	d be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2	rd of Health priar to buriol, cremotion, ar removol, and in any event, within 72 hours after de
	attending	n please r	in any ev
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how

may be read that bushing the inspiral of attending physicials. FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please in the State Board of Health prior to buriol, cremotion, ar removal, and in any ewe	
noy be recovered for most page 3 should be detached to be 5 tale Board of Health price	

CERTIFIC	AIE OF DEATH	TATAO
1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before	re admission)
Montgomery Maryland	Maryland b. COUNTY Montgor	mery
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate timits, write RURAL and give near	rest town)
Cabin John	5 % Cabin John	
d. NAME OF HOSPITA, (If not in haspital, give street address)	d STREET ADDRESS	IS RES DENCE
6521-75th Street	6521-75th Street	YES NO
3 NAME OF First Middle	Last 4. DATE Month Day	y Year
(Type or print) Martha E	Morgal December 1	7 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthday) Months Days	
Female White WIDOWED DIVORCED	May 14, 1885 75 yrs Manths Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF	WHAT COUNTR
Housewife	- Maryland USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David L. Beall	Annie Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT Address	
	Ralph L. Morgal-son-same 2d	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		RVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Merkenetter 3	
LAD 3 DUE TO C		·
Conditions, if any, which to the world lase	ent Henry (1 suns	YRJ
gave rise to immediate cause (a), stoting the under DUE TO		
lying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)	9 WAS ALTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B		YES NO
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Part I or Part II of item 18.)	
G (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Haur a.m. While Not while at work at work	PLACE OF INJURY (Home, farm 20f (City or tawn) (County) factory, street, office bldg., etc.)	(Sto
p. m. 19 at work at work		
21 I certify that (1) (this haspital) attended the deceased from	n 105°, 10 / w , 1960, the	at (l) (we) la
sow the deceased plive an 12 14 19 60, and that	t death occurred at 5 M, from the causes and an the date	stated abov
22a SIGNATURE	ATTENDING MED STAFF 3.0/	226 DATE
(and (onem)	M.D PHYS DIRECTOR PHYS D	17/60 ^{GN}
MAME (Type) KIE O I DENVVAN M	0 - 1 - 1 - 1	VE
	BETHELDA 14 W	712
23d BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY		(State)
Burial" 12/20/60 Potomac Ch	nurch Cem. Potomac, Marylan	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REG STRAR 256 REGISTRAR'S SIGNATUR	
Robert A. Pumphrey Bethesda, N	Maryland DATE DEG 21 '60 Cuttur S. Kun	Mail:



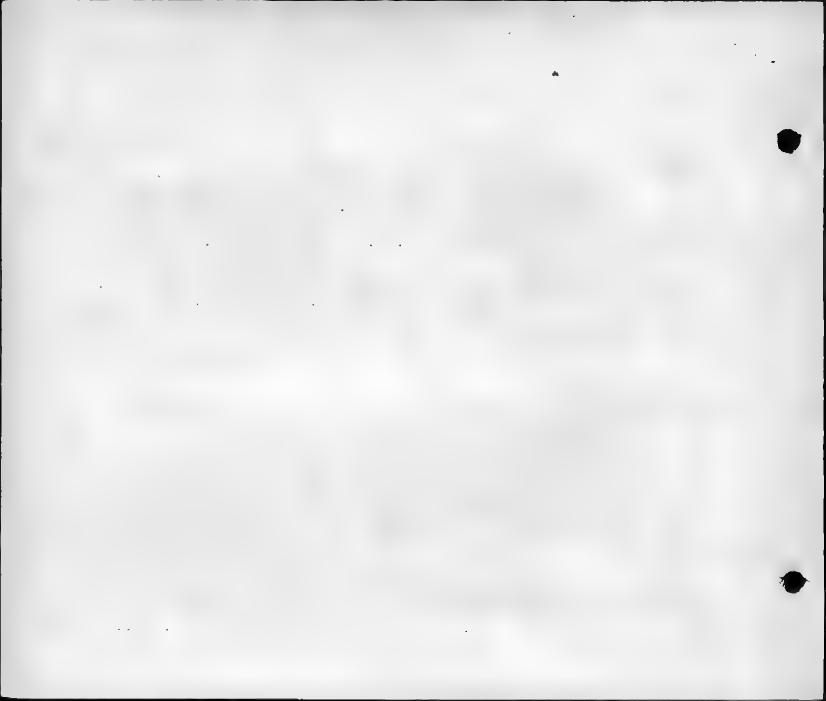
VS A15 (4) 15M 9/55

MARYLAI	ND STATE DEPARTMENT	OF	HEALTH-BALTIMORE	, 18
14168	CERTIFICATE	OF	DEATH	D

CERTIFICATE OF DEATH

14113 Reg. Dist. No.

										The second second				
1		COUNTY MO	ntgomerv		MARY	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Maryland b. COUNTY Montgomery							
1	1	CITY OR TOWN (IF	outside carporate limi arest lown)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda							
	,	Bethes NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	rive street	address)		d STREET A	ODRESS		ot I on			S RESIDENCE ON A FARM?	
			k Forest		(e		• /10	U Uar	rore	st Lan	E		ES 🔲 NO 🏋	_
		NAME OF DECEASED Type or print)	ANDREW		Middle J		MORR	_	4. DATE OF DEATH	Dec		31	Year 19 6()
	5. 5	EX	6. COLOR OR RACE	7- MARI	RIED NEVER MARRIE	0 🔲 B	. DATE OF BIRTI	1	9				UNDER 24 HR	
	M	lale	White	WIDOW	ED 🔀 DIVORCED		Aug. 2	7, 18	391	last birthday) 69 yrs.	Months D	024 H	ours Min.	
	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OF					ntry)	12. CITIZ	EN OF \	WHAT COUNT	RY7
		CCOUNTAN FATHER'S NAME	ng life, even if retired	` ~	Southern R	R. R	14. MOTHER'S		ngton	D. C.	US	A .		
		110110	na Mammi	_					Bair					
	15.		ICE MOTTI		SOCIAL SECURITY NO.	17. IN			LOSO	l Branch	"Rd.	N.	₩.	
	[Yes		t yes, give wor or dates of s	INTEREST	Inknown		_			Jrs				
\			*	use per li	ne for (a), (b), and (c).]	4	0 00	. / /					AL BETWEEN AND DEATH	_
)		PART I. DEAT	IH WAS CAUSED BY: IMMEDIATE CAUSE (c	CR.	A CLUSTRE	1. 0	1 Dea	ade	2			2	MARIA	5
/	Ш	10/	DUE TO			2	,						7	
		Canditions, if an		A										
		gove rise to in cause (a), stating t	mediate (,				****						
		lying cause last.) (c)										
4	Z Ö	PART II OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIVE	EN IN PART I	(o) 19. ¹	WAS AUTOPSY	
ılı	CERTIFICATION	m	gi-ralled	rac	Intarc	TW	14 19	5/					ERFORMED?	<u> </u>
		20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	B CAUSE OF DEATH WEDICAL EXAMINER)	206. DES	CRIBE HOWPINJURY OF	CURKED.	, (Enler noture o	t injuty in th	art i ar Fort i	l of item IS.				
	MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Manth, Day, Ye	or 20d, li While of wor	Not while	20e. PLAI facti	CE OF INJURY II pry, street, office	rlome, form, bldg., etc.)	20f. (City o	r town)	(Cou	ontyj	(State)
		21. I certify the	at I attended the	deceas	ed fram.	Mn	C 194-	7. 1a _ (S	100	1962	that I la	st saw	the deceas	ed
		alive on 100	130	, 12_	(), and that	death		7. Sc	M, fram	the causes a	nd on the		stated abo	ve.
		ACTUAL SIGNATURE	helint	13	Kirde	м	.o 3	400	Pinul	el; city or town, s	late) 	1.6	DATE SIGN	ED
		PHYSICIAN'S G	//bert	В	Rude					/`	1:2	_		
	220	BURIAL CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCATIO	ON (City, town, a	r county)		(State)	
	E	Burlal Specify)	1/4/61		Ft. Linco	ln	Cemete		Princ	_	Co.,	Ma	rylan	1
		FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	BY REGISTRA	AR 246 REGIS	TRAR'S SIGN	ATURE		
	F	cobert A.	Pumphre	y E	Bethesda,	Mar	yland	DATEAN	3 '61	Cost	40 g fr.	-rod		



MADVIAND STATE DEDADTMENT OF HEALTH AND

	MARIEM STATE DELARIMENT OF HEALIN
1400	DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYL
4103	CERTIFICATE OF DEATH

1. PLACE OF DEATH OCCUPITY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence o. STATE b. COUNTY	before admission)
	daryland Monte	
b CITY OR TOWN (If outs de corpérate limits, write RURAL and give nearest town)	b c CITY OR TÓWN (If outside carporate limits, write RURAL and giv	e nearest fawn)
Betweeda 3 hrs.	Pethesis	IC DECIMENION
d. NAME OF HOSFITAL (If nat in haspita , give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
S ularban	6707 Goldsboro Rd.	YES NO
3. NAME OF First Middle DECEASED	Lost 4, DATE Month	Day Year
(Type or print) WINIFRED	MULCAHY Dec. 2	19.6
S SEX 6. CO.OR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BRTH 9 AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HR
WINOWED DIVORCED D	July , 8, 1914 last birthday) Manths D	lays Hours Min
10a USLA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INC		N OF WHAT COUNTRY
during most of working life, even if retired)		
HOUSEWITE 13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	A
IJ. PAHILK S NAME		
Fred N. Stuart	Louise Booker	
15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or unknown) (If yes, give wor or dates of service)	INFORMANT Address	a prou
No.	Husband (Bertran Julcahy) Same a	es shov
1B, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 . 0 /	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	hours pinerrhofe	SAN-
2 3/) × DUE TO / c		
	& Jasan Kinsion	
Conditions, if any, which gove rise to immediate	1900	
cause (a), stating the under-	(! /	
lying cause last. (c)	VV	
PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(a) 19 WAS AUTOPS1 PERFORMED?
3 Chyproximal		YES NO
200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury to Part t or Port II of Item 18.)	
ZO ACCIDENT WAS UNDERLYING ZOO DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING ZOO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, form, 20f. (City or town) (Co	unty) (State
Hour a.m. While Not while	factory, street, affice bldg., etc.)	011 //
p. m. 19 of work at work	1	
27 I certify that (I) (this hospital) attended the deceased from	m X1C , 1958, to 12/2 , 1960	that (I) (we) lo
	it death occurred a 6 AM, from the causes and an the	date stated above
22a SIGNATURE		22b DATE
#47an(1) 6)14m Km (15	ALD PHYS DIRECTOR PHYS	12/0 SIGNE
22c. PHYSICIAN'S	22d. ADDRESS	12/00
NAME (Type) Horace W. Bernton	10511 Summit Ave., Kensing	gton, Md.
23a BLR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY		(State)
Burial (Specify) 12-6-60 Gate of He		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGN	
ROPERT A. PUMPHREY Bethesda		
	1. Mu hate pre 0 00 Covorad 2	1 1/2 HALLES

er death. Page.

10 HOSPITAL ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have death. Page may be reposited by the haspital or otherding physicion.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the Rate Board of Hea th priar to burial, cremation, or removal, and remove the major to the priar to burial, cremation, or removal, and remove the major to the priar to burial, cremation, or removal, and remove the major to the prior to

VR ATS (4) 15M 9/59



JKE, IO	
·	14115
Reg. Dist	
If institution: Residence COUNTY	,
r con r on	tgomery
its, write RURAL and gr	ve negrest town)
	e. IS RESIDENCE
	ON A FARM? YES NO.
Manth	Day Year
Dec. 1	
	YEAR IF UNDER 24 HRS
	Days Hours Min
	EN OF WHAT COUNTRY?
12.0112	
	UpA
t e	
Address	
c. Damasci	us. Md.
	INTERVAL BETWEEN
enni	ONSET AND DEATH
41/21	11/1000
	V
UNION COURT IN SACT	17 110 11/15 11/10057
DITION GIVEN IN PART	PERFORMED?
	YES NO
tem 1B]	
n) (Co	ounty) (State)
196 Athat I lar	t saw the deceased
Mor Iown, Alale)	date stated above. DATE SIGNED
10.	1201/2
1.1/3.0	1-11/160
ity, town, or county)	(Stote)
scus, rd.	
24b REGISTRAR'S SIG	NATURE

ADDRESS (Street, citylo

22d LOCATION (City,

24g, REC'D BY REGISTRAR

DATEDEC 2 3 '60

Damasc

VS A15 (4) 15M 9/58

ACTUAL SIGNATUR PHYSICIAN'

NAME (Type)

REMOVAL (Specify)

23. FUMBRAL DIRECTOR'S SIGNATURE

James

220. BURIAL, CREMATION, 226, DATE THEREOF

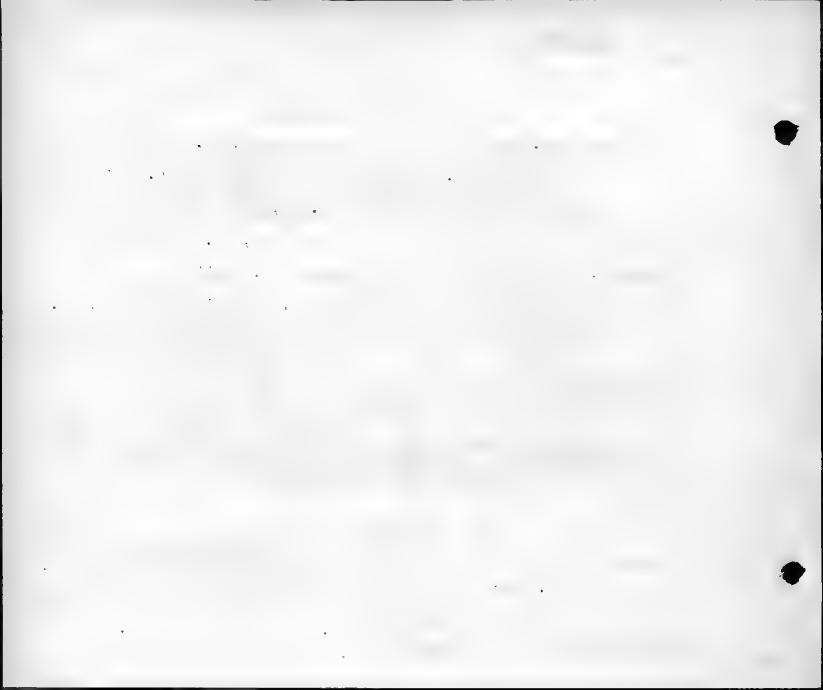
Kerr

22c NAME OF CEMETERY OR CREMATORY

Danascus, Ld.

ADDRESS

Damascus Heth



TO HOSPITA

VR A15 (4) 15M 9/59

Y

14171

43	/1 1	-4	13
- 1	41	G.	Ex.
4	- E - E -	alle.	1.2

1. PLACE OF DEATH d. COUNTY Montgomer	Nap	MARYLAND	2 USUAL RESIDENCE a SYAYE Maryland	(Where deceased	lived If institute b COUNTY	on Residence	perare admiss	on)
b CITY OR TOWN	(if outside carporate limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpora	ite limits, priite R	URAL and give	neared town	n}
RURAL and give Bethesda	Z 1	107 days	Patuxent	River	1 9	Y -	. 1	
d NAME OF HOSE	PITAL (If not in haspital, give stree		d. STREET ADDRES				e. IS RES	
OR INSTITUTION	l_Hospital		710 MEMQ.	. Naval A	ir Stat	ion		L FARM?
3. NAME OF	First	Middle	Last	4. DATE	Mar		Doy 1	Year
(Type or print)	Gladva	O'Neal	MURPHY	OF DEATH	_	ember		1960
5 SEX	-		B DATE OF BIRTH	9	AGE (In years	IF UNDER 1 Y	EAR IF JNDE	
Female		WED DIVORCED	1-15-18		last birthday)	Months Da	iys Hours	Min.
100 USUAL OCCUPAT	TON (Give kind of work done 10	6 KIND OF BUSINESS OR INDUS		State or fareign cau		12 CITIZEN	OF WHAT C	OUNTRY
Housewife	orking life, even if retired)		Flor	ei da		USA		
13 FATHER'S NAME			14. MOTHER S MAID					
Otis GOODS	ON		Shulia B	TOWELL.				
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES? 1	6 SOCIAL SECURITY NO. 17. IN	NFORMANT	LOHLALI	Add	Iress		
(Yes, no, or unknown)	(If you, give war or dates of service)	We	spital Reco	apar				
	EATH Enter anly one cause per		WINT WOLL THE COL	7.00		1	INTERVAL BE	ETWEEN
	FATALIANA CALICED BY	astrointestinal	homowyhogo	cite w	determi	-	ONSET AND	DEATH
15		TO OT OTH ACE CTHOT	HEMOT THURE	DIVE U	ige bet mi	ned		
Condition	DUE TO		_					
Canditions, if	immediate	arcinoma, cervi	Κ					
cause (a), statin	g the under-							
Z Part I O		S CONTRIBUTING TO DEATH BUT	NOT BELATED TO THET	EDMINAL DISEASE	COMPUT ON CIT	VENT INT DART 1/	10 WAS	AHTOPS
PART 1. O	THEK SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT	NO! KELATED TO THE II	ERWINAL DISCASE	CONDITION GI	VEN IN PART 1	PERFO YES 💽	DRMED?
	YAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	y in Part , or Part I	II of item 18.)			
Haur a m	Whi	le Nat while fac	ACE OF INJURY (Home clary, street, affice bldg.		or town)	(Cau	nty)	(State
	- ai +	ork ot work	C		t			
21 1 certify th	not 🙀 (this hospital) atte	nded the deceased from.	Sept. 8	1960 to	Dec. 24	, 19.60	that (M) (we) lo
sow the dece	ased plive on Dec. 2	24 /_ 1960 , and that d	leath occurred ot_	M, from t	he couses or	nd on the d	late stoted	obove
22a SIGNATURE	11 14/	d. A.T.	ATTENDING	MED	STAFF		221	b. DATE SIGNE
	your V.	well be	M D PHYS	MED. DIRECTOR	PHYS 5		12-2	5-60
22c PHYSICIAN'S NAME (Type)		(//	22d. ADDRESS					
		JR., LT, (MC, US	N U.S. N	laval Hos	pital,	Bethesd	a, Md.	
23a BUR.A. CREMAT REMOVAL (Specif		23c NAME OF CEMETERY O	R CREMATORY	23d LOCATIO	ON (Cily town	or county)	(State	te)
Burial	" 12-29-60	Arlington No	ational	Arlin	ngton	Vir	ginia	
24 FUNERAL DIRECTO	R'STSHENATURE	ADDRESS	25.5	REC'D BY REGISTR	AP 1956 PEG	ISTRAR S SIGN	AT IDE	
	11/10/11	ADDRESS.						
Mattingiv	Funeral Home	conardtown. Md.		DEC 2 9 '60		ithur S. F.		



Poge director	1	•	PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
funeral		ŀ	CCITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b C CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn)
25 A		Í	or INSTITUTION A TO US TO DUISING STEEL ADDRESS ALL MEMORY STORY ON A FARM? VEST NO BELLE ON A FARM? VEST NO BELLE ON A FARM? VEST NO BELLE ON A FARM?
n 24 ho	10	- 1	NAME OF DECEASED Type or print) Size both Mode Mode Death Death Death Death OF DEATH DEATH DEATH DEATH DEATH
ed within pletely I es. Pag ofter de		5 8	WIDOWED DIVORCED OF FUE 8 1878 Jost birthdoy) Months Days, Hours Min.
execute nd cam on pape hours			USUAL OCCUPATION (Give k nd of work done done done done done done done done
sician a		13	FATHER'S MAIDEN NAME 14 MOTHER'S MAIDEN NAME Bridget ma Multin
n certifii ing phy e remo event, v			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO. of Witnesser, 19 year, give war or defen of services None No. James Murray Wash De S.
offend offend offend offend offend offend			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH IMMEDIATE CAUSE (a) PART I. DEATH IMMEDIATE CAUSE (a)
s that It I by the nit. The			Canditions, if any, which (b) Carrier (5)
require on. n signect sit perr			gave rise to immediate couse (a), stating the under- lying couse last (c) Carcincoma of fix more
The low physici has bee riol-trar nation,		ICATION	PART 11. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAUD SEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES
ctan: I trending fifficate s the bu	O	AL CERT.	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI tal or a this cer or use a or use a		MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m. p. m. 19 19 19 19 19 19 19 19
ENDING the hosp R: Affer ached fo			21. I certify that (I) (this haspital) attended the deceased from. 12/40, to FFEL 2 19/60, that (I) (we) last saw the deceased alive an III C 10 19/40 and that death occurred at 15/50, from the causes and an the date stated above.
ATTE J by H RECTOI be dete	1		220 SIGNATURE M D ATTENDING MED DIRECTOR STAFF SIGNED
SPITA be retain VERAL DI 3 should rate Board			NAME (Type) JOHN C. MAY ROHY M.D. 1801 EYEST NW WASHINGTON D
o HOSI may be o FUNE poge 3 the Sta			BURIAL (REMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, 'awm, ar country) (Store) BURIAL (Specify) DEC , 5, 1960 mt, Olivet Cemetery Chicago, Ollinoise
VR A15 (4) 15M 9/59		24	he Do Val Funcial frame wash Dc. Date DEC 7 '60

"ICIAN; The law rea

Ther death Page 4

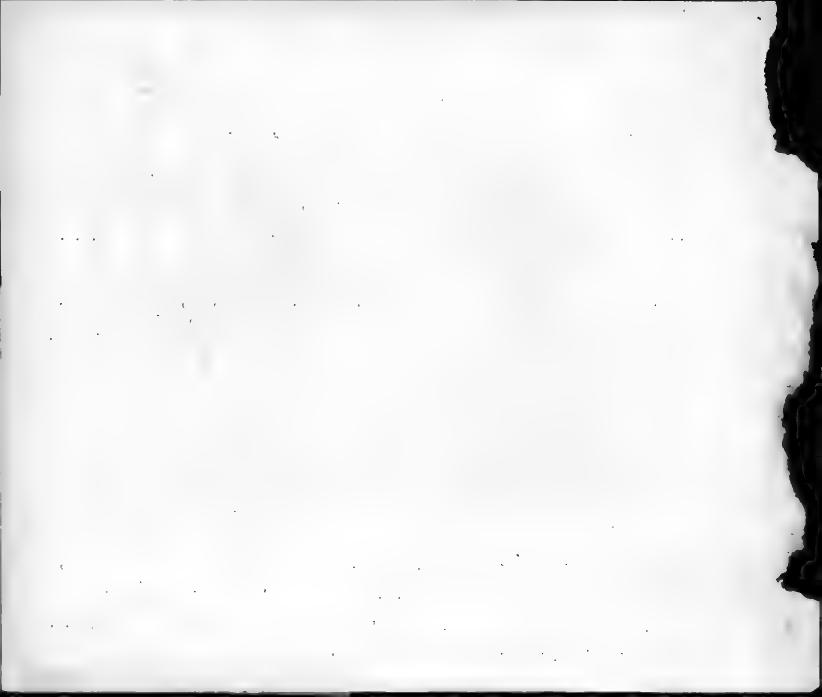
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14014 CERTIFICATE OF DEATH

Reg. Dist. No. 14118

COUNTY Montgomony	MARYLAND	g STATE NEW YO	e deceased I ved - If institution Resid b COUNTY	ence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c CITY OR TOWN (IF out	ide corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress) apiling Hame	d STREET ADDRESS 345 East 94t	h Street	on a farm? YES NO S
3. NAME OF DECEASED (Type or print) Frank	(NMI) Middle	ubauer	. DATE Month OF DEATH つらむの間では	13 1960
5. SEX 6 COLOR OR RACE 7. MARRI N le WIDOWE	ED NEVER MARRIED D		9 AGE (In years lost birthday) Months 59 yrs.	ER LYEAR IF UNDER 24 HRS Doys Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10b. to during most of working life, even if retired) Stipervisor Bre	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or Austr		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
unknown Neubauer		unknown		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S. (Yes, no, or unknown) [If yes, give was or dates of service)		nformant s. John W. Neu	hauer, 11,941 Blu	ihill Rd.
Conditions, if any, which	e for (a) (b), and (d) rdrothorox, rcinomatosi	Ieft	r Spring, Marylar	INTERVAL BETWEEN CHISET AND DEATH
, (4)	rchimma of ONTRIBLTING TO DEATH BUT		AL DISEASE CONDIT ON G. VEN. (N.P.)	ART 1(a) 19 WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	t I or Part It of Item 1B }	
Co. TIME OF INJURY Month, Doy, Year 20d, IN Hour o. m. p. m. 19 While at work	Not while for	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)		(County) (State)
21 I certify that I oftended the decease alive on 1)ec 13, 19 ACTUAL SIGNATURE / About J. A.	od from Jec 1?	occurred at 11:00	13, 190, that I i, from the causes and an the causes (Street, city or town, state) ncond Street	last saw the deceased he date stated above. DATE SIGNED 13, 196
PHYSICIAN'S Robert T. Thib	ndeau, M.D.	K singt	on, Narylind	
220 BUR AL, CREMAT ON, 226, DATE THEREOF TRANS. & BURTAL 12/17/60	22c NAME OF CEMETERY O ST. MICHAEL		ASTORIA, LONG IS	
WARNER E. PUMPHREY ANC. LA	STLVER SPRING	G, MD. 240. REC'D DATE DE	BY REGISTRAR 246 REGISTRAR'S S	SIGNATURE J. Planta

VS A15 (4) 15M 9/5B



1		Ţt.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR S		L	14070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 1119
HEALTH	DEPT.	7.	PLACE OF DEATH COUNTY COUNTY
Pogr Files. Heolth	1	\vdash	b. CITY OR TOWN [If outside corporate limits, write #UPAL ord give notices town)
ector your d of		<u> </u>	- Jackharling DOA. Jackhersburg Musel -
Soar S	7	١,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DEN'TE ON A FARM? YES YES NO
fund fund foine State leath.			NAME OF First Middley Lost 4 DATE Month Day Year
my Be re the the the the the the the the the th		4	(Type or print) Irland Effec Nicholson DEATH Dec 3 1960
13 to may with with			FRUIL What WIDOWED DIVORCED 6-16-1412 BATE OF BIRTH 9 AGE (in yeors load beheav) Martis Doys Haurs M. n. Hural Was Fruit Doys Haurs M. n.
decth. S and 2 age 5 and 2 72 ho		19	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY:
offer and a feet and a	1	13	FORMER S NAME 14 MOTHER'S MAIDEN NAME
Pogen PA		2	Jenry To shorten. Gimme to Day-
Give Si force	, ,	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT
Milhar 18. 18. 18. 18. 18. 10. 10.		F	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
Item olon sit pr			PART I. DEATH WAS CAUSED BY: Acute em 'NOSEr - bita alveolar ratures
exectly is Siffice Sif			Conditions, if ony, which the Interalveoler homorrages
ld be			gove rise to immediate couse
shop in a comin or con		Z	COUSE FOST Acute Alcoholism PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
Footending Colored	2	18	PERFORMED? YES NO
vord "p Medic old be		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)
The The Chief of Shoot S		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d .NJURY OCCURRED 26e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) Hour a, m. (County)
riting the oge		×	p. m. 19 of work of work
EXA led to			opinion death resulted from: Natural causes
Miffico rword RECT			ACTUAL FIRE & CHIEF MEDICAL EXAMINER () DATE SIGNED
ope for	5		ASSISTANT MEDICAL EXAMINER
PLOTY ule 19 sold 1 NERA	~	1	NAME (Type) / /// I J / J / O S C / A A T DEPUTY MEDICAL EXAMINER S
S S S S S S S S S S S S S S S S S S S		22	D. BLENAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATIONY 22d LOCATIONY(C ty, town, or country) (Store)
VS. ATSME		23	ADOREST - 240. REC'D BY REGISTRAN 246. REGISTRAN'S SIGNATURE
5M 2/57		17	DATOECT CO 1 COLLECT 10 CONTROL TO CONTROL & Thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission o. COUNTY 6 COUNTY MARYLAND files. **b** CITY OR TOWN c LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and a ve nearest town) & NAME OF HOSPITAL OR INSTITUTION ON A FARM? YES NO 3, NAME OF 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 9 AGE |In years NEVER MARRIED 1 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HES lost birthday! Months Doys Hours 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during after during life, even of retired) 12 CITIZEN OF WHAT COUNTRY? TO FATHER'S NAME 14 MMOTHER'S MAIDEN Nicholson 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO ve s 18. CAUSE OF DEATH | Enter only one couse pet | ne for (o), (b), and (c) INTERVAL BETWEEN OHSET AND DEAD PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony," which] gove rise to immediate course **DUE TO** (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL PERFORMED? NO T 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port I or Port II of Item 18.] PRIMARY Tor CONTRIBUTING TO 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 70f (City or town) (County) (State) (actory, street, office bldg., etc.) Hour g. m. Not while of work of work 21. I certify that I tack charge of the remains described above, held an Autopsy 🖳 Inspection . and in my opinion death resulted from. Natural couses XI. Accident . Suicide . Hamicide Undetermined manner ACTUAL DAYS SHOWN CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER SE 220. BURIAL CREMATION 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Burial Lavtonsville Methodist Maryland Layton sville. 23. FUNERAL DIRECTOR S SIGNATURE ÄDDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIĞNATURE VS. ATSME Laytonsville, Md. DATE DEC 7 a. Thur & Krand



CERTIFICATE OF DEATH

14191

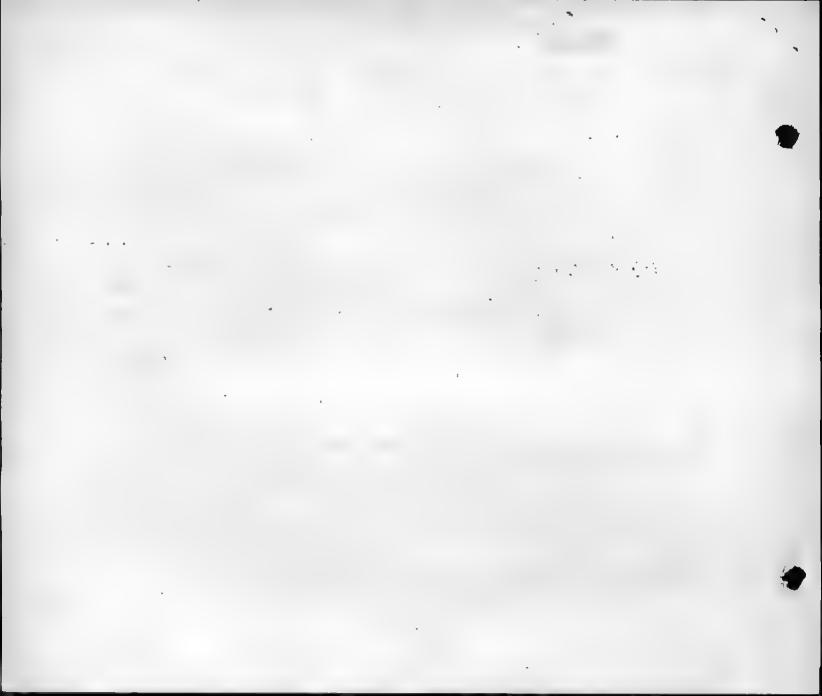
	14179	CEKTIFICA	IE OF DEATH	T. TOI					
1	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution, Residence o. STATE New Jersey b. COUNTY	before admission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)					
	Bethesda	10 days	Seabrook						
	d NAME OF HOSPITAL (If not in hospital, give street of Institution Suburban	oddress)	d. street Address 802 East Parsonage Road	e. IS RESIDENCE ON A FARM? YES NO X					
i.	NAME OF First DECEASED (Type or print) Kane suke	Middle	Nishimoto 4. DATE Month DEATH 121	Day Year 6 1960					
i	SEX 6 COLOR OR RACE 7. MARI	RIED NEVER MARRIED		EAR IF JNDER 24 HRS.					
	Male Y widow	ED DIVORCED	1/10/84 76 yrs Months Di	ays Hours Min					
0	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiled 	kind of Business or Indu Fandanen		A. for 5 y					
3	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	101) Y					
	? ~		Ochika Kawanroto						
5	. WAS DECEASED EVER IN L S ARMED FORCES? 16. 91. no or unknown] (If yes, give wor or dates of service)	1	rotern Night oto Item ()						
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-tying cause lost (c) Part II OTHER SIGNIFICANT CONDITIONS (c)		tial infarction, recent, apex thrombosis, left descending atherosclerosis	GO 19 WAS AUTOPSY PERFORMED? YES [7] NO [7]					
		CRIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Port t or Port II of item 18.)	The state of the s					
MEDICAL MEDICAL	20c TIME OF INJURY Month, Day, Year 20d II Hour o. m. While p m 19 at wor	Not while fo	ACE OF INJURY (Home, form, 20f (City or fown) [Collabory, street, office bldg., etc.)	unity) (Stole)					
	21 I certify that (I) (this haspital) attends saw the deceased alive on	/	. 2	that (I) (we) last					
	saw the deceased alive on1								
	22c PHYSICIAN'S NAME (Type) Jogo McCorr	•	27d ADDRESS 2711 Leland Gt., Chev. Ch	nac, Mi.					
	g BUR AL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) Chemation 12/10/60	23. NAME OF CEMETERY OF SILVER Drook	1 1 1	J.G (2tote)					
AL THE	FLUERAL DIRECTOR'S SIGNATURE VSON Wheeler Funeral	ADDRESS Home	DATE DEC 9 '60 256 REG STRAR'S SIGN						

TO HOSPITAL ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay set death. Page 4 may be retained by the haspital an ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director. page 3 shall be detached for use as the burial-transit permit. Then please remains agreed appears Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaind, and in any event, within 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14174

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Page director	1, F	PLACE OF I
funeral din	â	Sp1
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n 24 ho	1	NAME OF DECEASED Type or pri
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To paper	10a	USUAL O
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enth endi leas		18 CAUS
TO HOSPITAL RATENDING PHYSICIAN: The low requires that the death certificate be exercised within 24 have feet death. Page 4 may be rest of by the haspital or attending physician. THE FUNERAL DEFETOR: After this certificate has been signed by the attending playsician and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove corban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death	MEDICAL CERTIFICATION	Conditing average of the second of the secon
TO HOSPITA may be reh TE FUNIRAL D page 3 shauld the State Boar	23a B1	BURIAL II REMOVA LITIA. FUNERAL I

ATTENDING PHYSICIAN: The low requires that the death certificate/fe executed within 24 ho. The death. Page 4

	LACE OF DEATH COUNTY	Montgome	ry	MARY	- 11	USUAL RESIDENCE M	DENCE (Whe	and	d lived. If inst b. COU	itution: Res NTY MOI	ntgor	ne odmissi ne ry	on)
b	CITY OR TOWN (III RURAL and give ne Spring:	autside corporate limits. arest tawn) field Manc	write c.	LENGTH OF STAY	14	comon pring			rate limits, wr	ie RURAL o	nd give ne		
d	SANG OF HOSPIT	At (If not in haspital, given is ty Dri	ve.	dress)		5400		sty I	rive		1	on A YES	DENCE FARM? NO K
	PAME OF DECEASED (Type or print)	GEORGE	2	Middle H.	NOF	RIS	ił .	4. DATE OF DEATH	De		7	1	960
ŀ	ale	White	VIDOWED			oate of Birti	, 188			yrs. IF UN Month	hs Bays	Hours	Min
	Retired	Ph (Give kind of work do ing life, even if retired)	ne 10b. Kil	ND OF BUSINESS O		Balti	more,	Mar	yland	12.	U. S		
13. f	ATHER'S NAME	i Norris				14 MOTHER'S Unkno		AME					
IS 1		I NOFFES R IN U. S. ARMED FORCE If year, give wer or defect of son	moet i	CIAL SECURITY NO		RMANT D	aught			Address S;	ame a	as #:	2
CATION	Conditions, if or gave rise to it cause (a), stating lying cause lost	nmediale (TIONS COL	ON ON ON	ATH BUT NO	OT RELATED TO		NAL DISEAS		I GIVEN IN	PART 1(a)	19 WAS A PERFO	CONT SUTOPSY RMED? NO 2
L CERTIF	20a ACC DENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	Ob DESCRI	IBE HOW INJURY O	CCURRED. (Enler nature a	of injury in P	art i ar P ar	t II of item 18	1			
MEDICA	20c TIME OF INJUR Have a.m. p. m.	Y Manth, Day, Year 19	20d. INJU While at work	URY OCCURRED Nat while of wark	20e. PLACI factor	OF INJURY (y, street, office	Hame, farm, e bldg., etc.)	20f (Cih	or lawn)		(County)		(State)
	saw the decease 220 SIGNATURE 220 PHYSICIAN'S NAME (Type)	THOMAS F.	RC/ VCO/ MCMA	males		ATTENDIN	d or 3.A.	M, fram	the caused physical N	and an	Dec	2725 2 1	abave.
Вι	REMOVA (Specify)	12/5/60)	23c NAME OF CEMP Cedar H			ry	Pr	TION (City, to	Geor	ge Co		_
24.	FUNERAL DIRECTOR' ROBER'		IREY	Bethe	sda,	Md.	DATE DE	BY REGIS C 6 15		REGISTRAR'			



2. USUAL RESIDENCE (Where deceased aved I finiship tion Residence before admission)

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PLACE OF DEATH

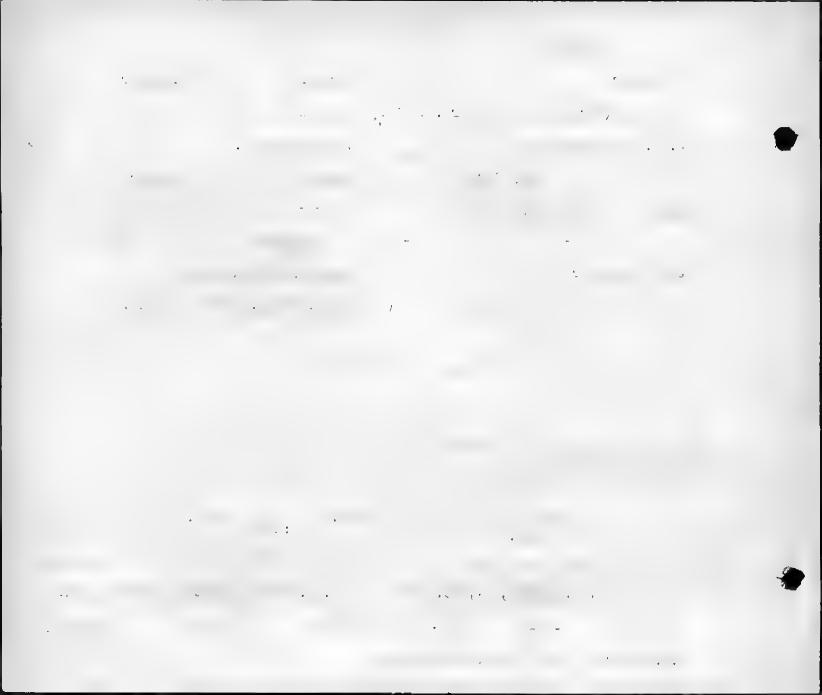
CERTIFICATE OF DEATH

	o. COUNTY Nontgomery	MARYLAN		Naryland		b COUNTY	gomery		
	b C TY OR TOWN (If outside corporate limits, write RURAL and give negres) town)	c LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF	outside corpo	negrest tow	n)		
	Bethesda (Rural)	2hrs. 44min	a.	Bethesda		D	0		
	d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et address)	1	d. STREET ADDRESS					SIDENCE A FARM?
L	U. S. Naval Rospital			4403 Maple	Ave.			YES [_ NO []
3	NAME OF First DECEASED	Middle		lou	4. DATE	Mon	ih	Day	Yeor
	(Type or print) Baby (irl		OATES	OF DEATH	Decei		88	1960
5		RRIED NEVER MARRIED	B D/	ATE OF BIRTH		9. AGE (In years last birthday)	FUNDER 1 YI	-	
	emale Caucasian WIDO			12-8-60		угз		2	44
104	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	b. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Slote	or foreign c	ountry)	12 CITIZEN	OF WHAT	COUNTRY
				Maryl			USA	l	
13.	FATHER'S NAME		14	MOTHER'S MAIDEN	NAME				
	John Alexander OATES			Meredith :	STRING	FIELD			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 IS no or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	7 INFOR	MANT		Addr	ess		
	No	None	<u>(F)</u> J	ohn A. Oat	es, sa	me as #2	above		
NO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candilions, if ony, which gave rise to immediate cause (o), stoting the <u>under:</u> lying cause lost PART II. OTHER SIGNIFICANT CONDITION	Monafa Im ma s contributing to death	l twi	afeley ity RELATED TO THE TERM	HOSE	E CONDITION GIV		ONSET ANI	
A CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	<u> </u>					_	NO [
MEDICAL	Hour o.m. Whi			DF INJURY (Home, form street, affice bldg , et		or town)	(Cour	nty)	(State
	21 I certify that (i) (tricks vist) after saw the deceased alive an Dec 220. SIGNATURE	nded the deceased from 19.60 and the		occurred of	OPM from	Dec. 8	, 19 60 d on the d		(we) los d obove
	J.W. Grell	0	M D	PHYS X D	AED DIRECTOR [STAFF PHYS.		12-9	-60
	22c PHYSICIAN'S NAME (Type) F. W. GRELLO,	LT, MC, USN		U. S. Na	val Ho	spital, l	ethesd	a, Md	•
23	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETE	RY OR CR	EMATORY	23d, LOCA	TION (City, town,	or county)	(510	ole)
	Cremation 12-10-60	Cedar Hill	s Cre	ematory	St	itland	1	eryla	nd
24	FUNERALDISKETOR'S SIGNATURE FLUNDS	ADDORESS.		25a. REC	D BY REGIS	TRAR 25b, REGIS	STRAR'S SIGN		
	D A Dimmbran Timerel Hor		.MA	DATE	DEC 1 2	. 00	Inthus S.	A PARTICION	

d sompletely filled in _____s funeral director, happers Pages 1 and 2 should be filed with happengafige death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha may be retained by the haspital or attending physician.

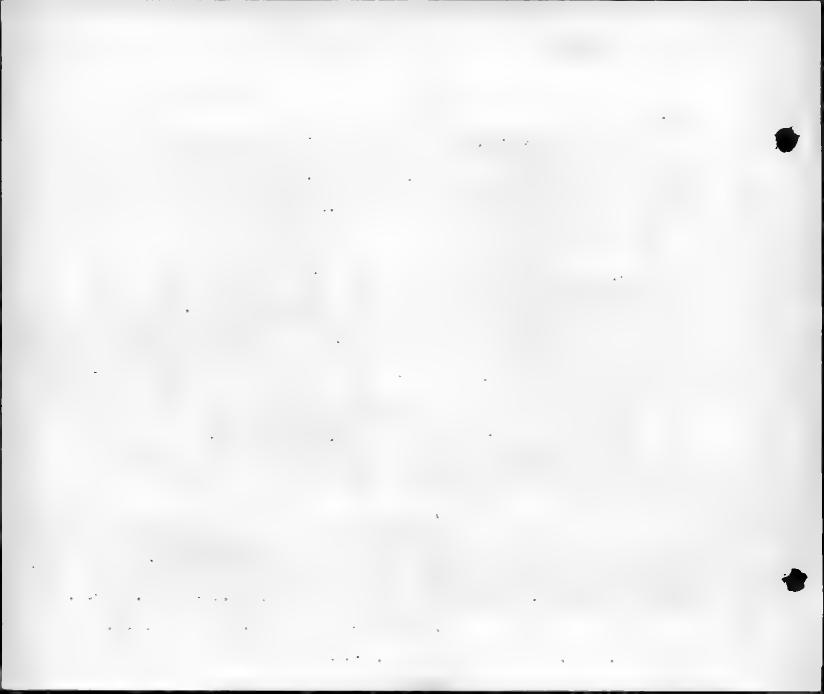
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon the State Baard of Health priar to burial, cremation, ar removal, and in any event, within 77 has TO HOSPITA

VR A15 (4) 7)

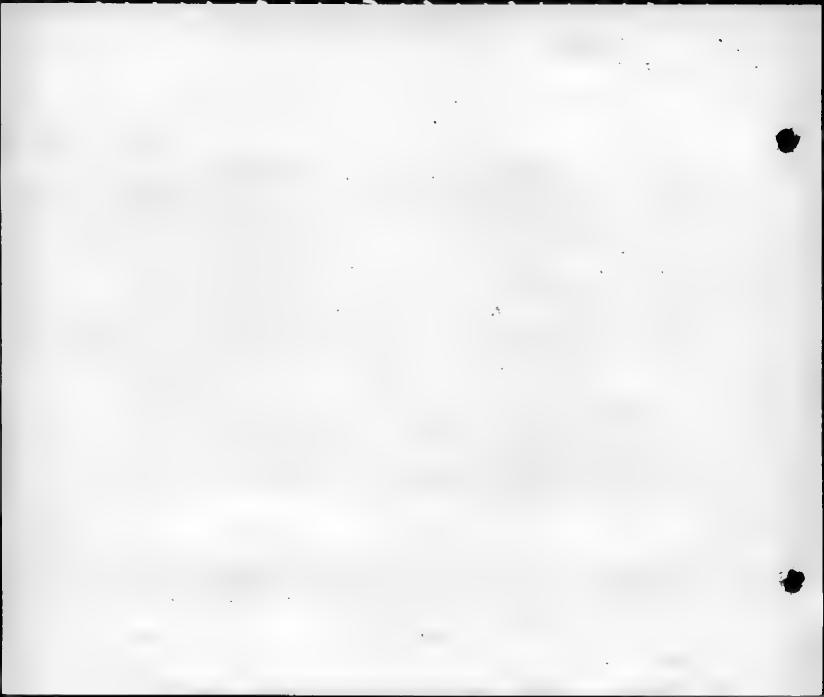


Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b.** COUNTY Montgomerv c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown) e IS RESIDENCE ON A FARM? YES NO Year 1960 December 9 AGE (In years last birthday) yrs. IF UNDER 1 YEAR IF JINDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES TO NO T (County) (State) 60 19___,that I last saw the deceased and that death accurred at_____M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state) 5412 Col.Ave., NW Wash, 11, D.C. 22d LOCATION (City, town, or county) Washington, D.C. 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b REGISTRAR S SIGNATURE James T.Ryan, Inc. Pa.Ave., SE DC3 DATE DEC 3 0 '60 Cirkhan & Frank

0 VS A15 (4) 15M 9/5B



w see A		14(4.) CERTIFICATE OF BEATT
ctar	and the same of th	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institut on Residence before admission)
Palled Ind		Montgomery County MARYLAND "STATE any land Montgomy
£ 5 8 /1	1	b C TY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RUSAL and give nearest town)
dec dec		Takoma tark md. 3 hours & Bethesda, and
h h h		d NAME OF HOSPITAL (finot in hospital, give street address) OR INSTITUTION d STREET ADDRESS ON A FARM?
10 26		Washington Jan. 4 Nospital 19118 Kirkdale Rd. YES NOD
har.		3 NAME OF AFirst, Middle Last 4. DATE Manth Day Year
124 Illed Is 1 sth.		(Type or print) Robert NMN Delschlaeger DEATH 12 7 1960
Page dec		S. SEX 6 COLOG OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
d w		male white widowed Divorced 1 7/9/85 last birthday) Months Doys Hours Min.
amp ape		100 USUA. OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
exe o d d d hou		Statistican news/ersey U.S.
be or nor nor nor nor nor nor nor nor nor		13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
icio e co	r Y	Oekchlaeger Unknown
Tagara Ti	* /	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes. no. or unknown) (If yes. give. wor or dates of service.)
ng i		no 136-01-0286 Hospital records
enth endi leas any		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) and (c).] INTERVAL SETWEEN ONSET AND DEATH
of the control of the		PART I DEATH WAS CAUSED BY: LONGESTIVE HEART TAILURE 3dAys
the The		DUE TO
l by		conditions, fany, b) (b) ARTERIOSCIEVOTIC CARDIOVASCULAR 20475
uires gnec pern		gave rise to immediate course (a), stating the under DUE TO
Paris		lying cause last. (c)
law ysici bee trar an, (PART HE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19, WAS AUTOPSY PERFORMED?
ph phas riod nation		3 HUGINA RECTORIS YES NO 18
N: T ding afe afe cren		# 280 ACC DENT WAS UNDER®ING ☐ 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part ii at filem 18) OR CONTRIBUTING ☐ CAUSE OF DEATH UNITED THE THE PROPERTY OF THE PR
El the		
YSI Cer Cer Duri		20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a, m While Not while at work at work at work at work.
E Sister Signal Control of the Contr		p m. 19 at work at work
ING Spiral prior		21 I certify that (1) (this hospital) attended the deceased from DEC 5 180, to DEC 7 1966, that (1) (we) last
She had		saw the deceased alive on DEC 1960 and that death accurred 3,45% from the causes and on the date stated above.
det det		220 SIGNATURE ATTENDING MED STAFF 12-7-60 226 DATE SIGNED
2 2 2 E	h	Leonal D: Value A M D PHYS D DIRECTOR PHYS I
a Pia	1	THE PHYSICIAN'S DD + L MD 22d ADDRESS 9221 Colesville hu
PITZ BRA SRA S sha		Lacorge B. Id Crich, Vr. W. Silver 3/1/14-
40 % D		230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City to on, or county) (State)
0 0 0 4		Bur-Transit 12/10/60 Restland Mem. Prk Hanover New Jersey 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VP A1S (4)		
15M 9/59		Robert A. Pumphrey Bentesda, Maryland DATE / DEC 8 '60 arthur & Krouns



MARYLAND STATE DEPARTMENT OF HEALTH pivision of statistical research and records — Baltimore 1, Maryland CERTIFICATE OF DEATH

14126

\	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o STATE Maryland Montgomery								
)	Montgomery	MARYLAND	Maryland _								
	b CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	ulside corporote limits, write RL	JRAL and give nearest town)						
	Bethesda (Rural)	3 days	imes Silvdr Spi	ing							
1	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?						
1	U. S. Naval Hospital		402 Mills	Ave.	YES NO N						
	3 NAME OF First DECEASED	Middle	Last	4 DATE Mont	h Doy Year						
	(Type or print) Neil	James	O HARA	DEATH Dece	mber 6 19 60						
	S SEX 6 COLOR OR RACE 7 MAR		. DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Hours Min						
	Male Caucasian widow		5-4-96	64 yrs							
	10a USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (Stote	or foreign country)	12 CIT ZEN OF WHAT COUNTRY						
-		U. S. Navy	New Yor		USA						
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
	Patrick O'HARA		Mary MAHEF								
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16. (Yes, no. or unknown) (It yes, give wor or dates of service)		ORMANT	Addr	e35						
	Yes WWI	Но	spital Recor	ds							
	18. CAUSE OF DEATH [Enter only one cause per l	2	1		INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY. HOUTE COR PULMONILE										
	527,1 DUE TO										
	Conditions, if any, which } (b) PULINOWITKY EISTMITYSEM I										
	couse (a), stating the under DUE TO	gove rise to immediate									
	lying cause lost. (c)										
^	PART OTHER SIGNIFICANT CONDITIONS ARTERIOSCHEROTICE O		NOT RELATED TO THE TERMI	NALD SEASE CONDITION GIV	PERFORMED?						
)		PRDIOVATEULAR	DISENSE		YES NO 🙀						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING 2005 OF DEATH UNITED THE PROPERTY OF TH									
		Co. ab	CE OF INJURY (Home, farm		(County) (State						
	Hour a m. P m. 19 at wo	rk ot work	ory, silver, office stug etc								
	21 certify hat (1) (this haspital) atten-	ded the deceased from	Bec. 3 19	60 to Dec. 6	, 19 60, that (M (we) ias						
	saw the deceased arive an Dec. 6.										
	220 SIGNATURE A	/ //			22b. DATE						
	William cel Miller	y aun "	O. PHYS DI	ED STAFF RECTOR PHYS K	12-6-60						
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS								
	Russell MIME	R, LT, MC USN	U. S. Nave	l Hospital, Be	thesda, Md.						
	230 BURIAL, CREMAT ON 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City, fown, o	or county) (Stote)						
	Burial 12-9-60	Arlington N	iational	Arlington	Virginia						
	24 FUNIFAL DIRECTOR'S SIGNATURE BOX	ADDRESS	25a, REC'		STRAR'S SIGNATURE						
	Simmons Bros., 1661 Good	iope Rd., SE. Was	Shipc DA DEC	7 '60 au	us S. Kraus						

may be sown by the haspital or attending physician.

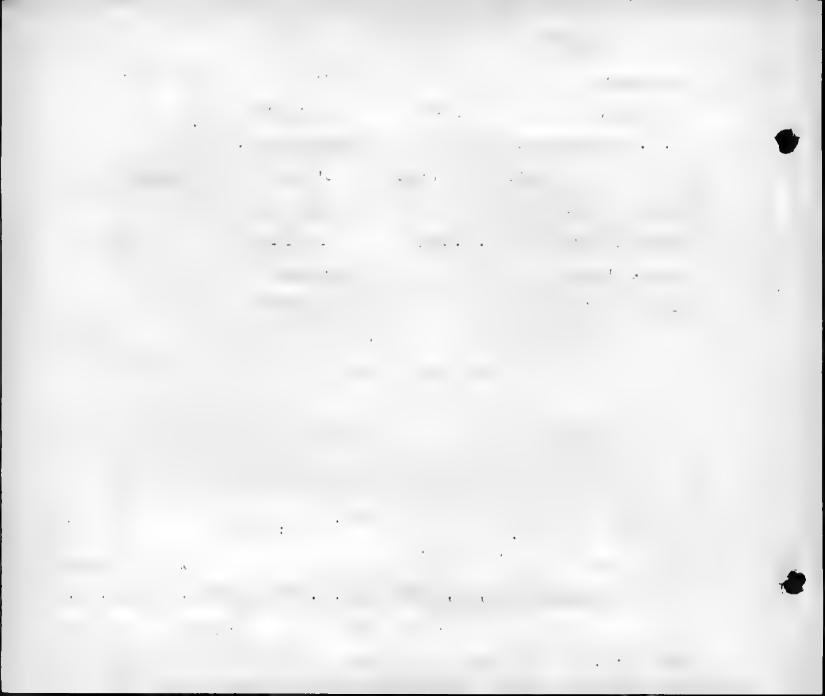
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPIT

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VR A15 (4) ISM 9/59

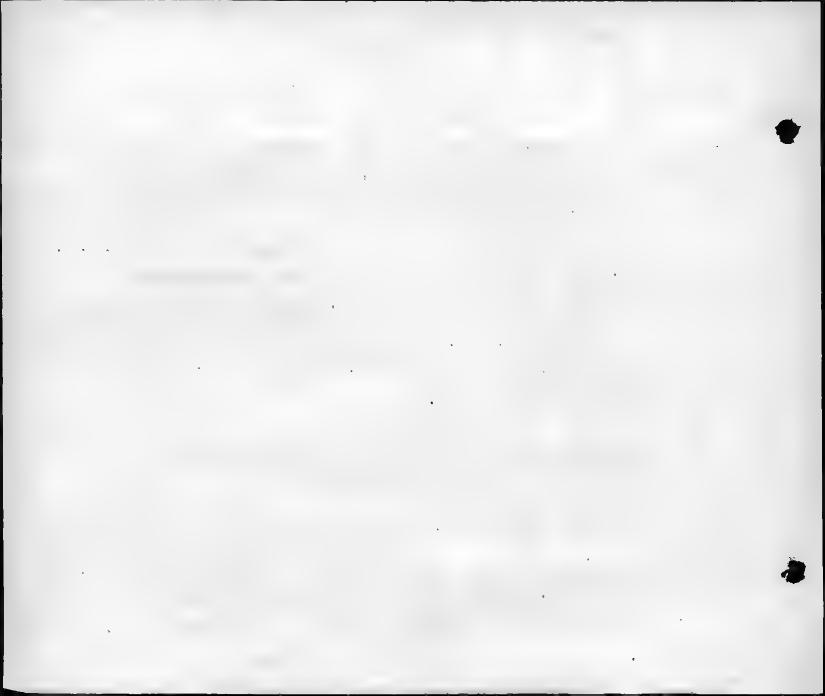
Board

9 m Sign

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CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission. a COUNTY o STATE **6 COUNTY** MARYLAND MONTGOMERY MARYLAND MONTBOMERY b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OLNEY DAYS BROOKEVILLE, MO. d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE STREET ADDRESS OR INSTITUTION ON A FARM? YES NO MONTGOMERY GENERAL HOSPITAL Box 127 NAME OF **Eirst** Middle 4. DATE Lost Month Day Year OF DEATH (Type or print) CURTIS 19 60 BLAIR O'KEEFF S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF JINDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED [7] WIDOWED [MALE WHITE /60 yrs 100 JSJAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. C TIZEN OF WHAT COUNTRY? during most of working life, even if retired) MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DONALD GRANVILLE O'KEEFE SALLY KATHLEEN SIMONS S. ARMED FORCES? 116, SOCIAL SECURITY NO 17 INFORMANT Address RECORDS OLNEY. MARYLAND CAUSE OF DEATH [Enter only one cause per line for (o), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMED ATE CAUSE (b) PNEUMONIA BILAT Conditions, if any which gove rise to immediate DUE TO couse (o), stoting the under-IN OF AMNIOTIC lying couse ost PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES V NO 206 ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour om. While Not while at work at work p. m. 196 that (I) twellast 21 1 certify that (1) (this haspital) attended the deceased from. M, from the causes and on the date stated above saw the deceased alive on and that death occurred at 22a, SIGNATUR 22h, DATE SIGNED ATTENDING MED DIRECTOR STAFF M D PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type CHARLES S. WHITAKER, CLARKSVILLE. MARYLAND DATE THEREO BURIAL CREMATION **1,236** 23c NAME OF CEMETERY OR CREMATOR down) county), (Stot€ MINOVAL (Specify) 256, REGISTRAR'S S. CNATURE ADDRESS PUNERAL DIRECTOR'S SIGNATURE -REC'D BY RÉGISTRAR DATE DEC William S. House



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

may be ready and campletely filled in by the fundamental by the attending physician and campletely filled in by the fundage Stauld be defacted for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should a state Booke for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be defacted for use burial, compation, or remayal, and in any event, within 72 hours after death.

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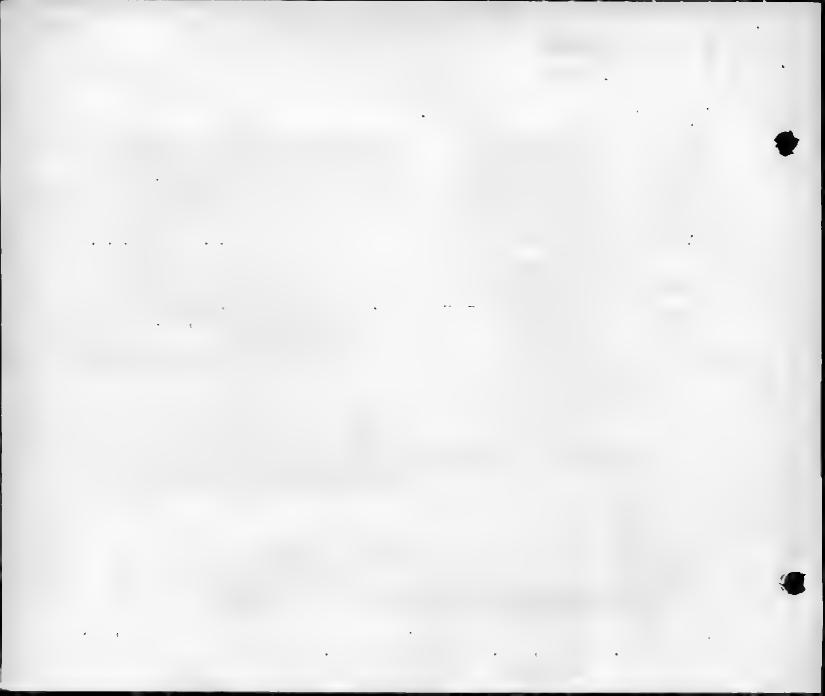
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPITA

VR A15 [4]

HOLIZA		DIVISION OF STATISTICAL RESEARCH	DEPARTMENT OF HEALTH AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	14128
A	1.	PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence be STATE MATTER AND b. COUNTY MONTH	efore admission)
110	100	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) ROCK VIILE 4 yrs.	c CITY OR TOWN (If outside corporate limits, write RURAL and give ROCKVILTE	nearest town)
Dis	が小	or NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION 4610 WILWYN WAY	d STREET ADDRESS 4610 WILWYN WAY	e IS RESIDENCE ON A FARM? YES NO X
2	M	NAME OF DECEASED First Middle OF CATHURINE MAY	ORPHANOS 4. DATE Month OF DEATH DE 7. 21	1,,,,
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S Fall		LISUAL OCCUPATION (Give kind of work done of the street of	WASHINGTON, D.C. 12.5.1	OF WHAT COUNTRY?
727	13	JOIN ROBERT BYRON	14. MOTHER'S MAIDEN NAME KATHERINE BOWERS TURNER	
2110	1	no o' waknown)) (If yes, give war or dates of service)	. INFORMANT Address c. Achilles Orphanos, 4610 Wilwyn Wa	es 2
1	1/02	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (g) 0 0 0 4 4	Thrombosis	NTERVAL BETWEEN DNSET AND DEATH
Min	1	Conditions if ony, which) CO COMAN	Arterio-sclerosis Vac	Letermine
1000	(gove rise to immediate couse (a), stating the under-lying cause lost	ypertension	
6	Kolpo	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	ILT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100	PERFORMED?
pol	SEWIE	206 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part or Part II of item 18)	
SOF	SEDICES.		PLACE OF INJURY (Home form, 20f (City or town) (Counfoctory, street office bldg., etc.)	(Stote)
+111	0	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 100 26 1950 and that	n. April 1957, to Dec 27, 1966 t death accurred all DM from the causes and an the do	4 / 1 / / .
1	7	220 S GN A JURE	ATTENDING MED STAFF	22b. DATE SIGNED 2C-27 (G 60)
ر الا	mo	22c-phys, CIAN'S PAMIL (Type) AMIL (Type) AMIL (Type)	20 ADDRESS 20 GEORIA CAU	9-
703	23	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) 12/30/60 PARKLAWN CE	World Warren	(Stole)
20	24	THE CLOPE STANDAMENT INC. SILVER SPRI		TURE



PLACE OF DEATH arrector, Page or your files. a. COUNTY Health, b. CITY OR TOWN (if outside forporete limits. N S for Be funeral retained he State B 3. NAME OF DECEASED 199 (Type or print) 5 SEX 6. COLOR OR RACE PUSUAL OCCUPATION (Give kind of work down during most of working life, even if retired) pages 1 13. FATHER'S NAMELUTY PM3. Ø [Yes, no, or unkown] [Ifyasgivawarordetesofsarvice] permit. With Litransit p DEATH WAS CAUSED BY: DUE TO burial DUE TO (e), stating the underlying couse lost 8 CERTIFICA plnods 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING 12 CAUSE OF DEATH. 20c. TIME OF INJURY please execute the certificate, w
4 should be forwarded to the (

FUNERAL PRESIDE P to the death resulted from. ACTUAL SIGNATURE NAME (Type) 22a, BURIAL, CREMATION,T 225. DATE THEREOF REMOVAL (Specify) O Burial 23. FUNERAL DIRECTOR VS. A15ME Robert A. Pumphrey 5M 7/59

301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) a. STATE c. CITY OR TOWN (if outside corporate limits, write RURAL and g v. feerest lown) Le. LENGTH OF STAY IN 16 HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO E DATE OF DEATH AGE (In Years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 106. KIND OF BUSINESS OR NOUSTRY 11. B.RTHPLACE (State or foreign country) MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT iknown 18. CAUSE OF DEATH |Entar only one cause per line for (a., (b), end (c), ! INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110- 19, WAS AUTOPSY PERFORMED? NO Z 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 201. INJURY OCCURRED 200, PLACE OF INJURY (Home, ferm, 201. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inquiry K Inspection 🗶 and in my opinion Natural causes Accident Suicide M Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ASSISTANT MEDICAL EXAMINER DATE SIGNED Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Cem. Arlington

Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

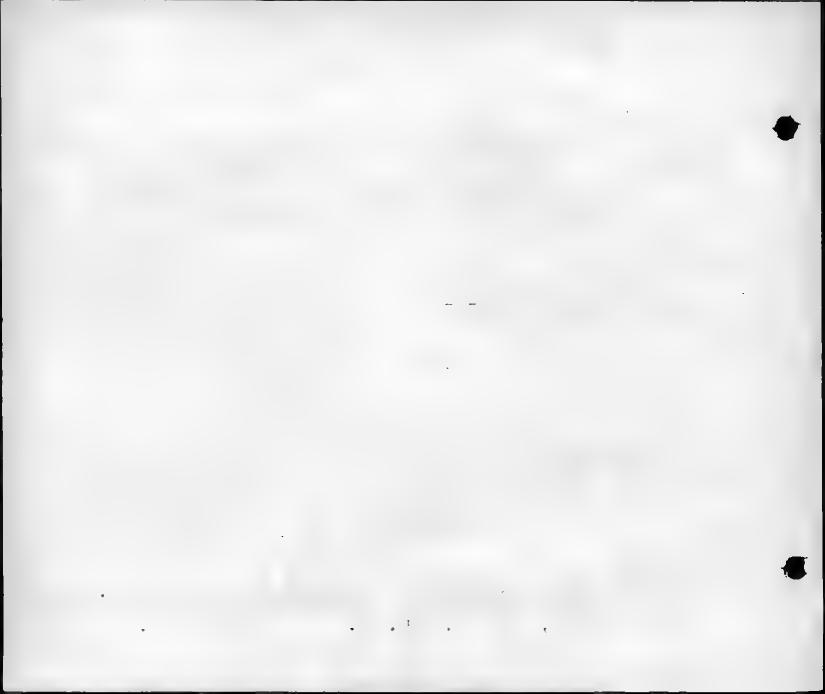
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	b. CITY OR TOWN (If outsi RURAL and give nearest	de corporate limit town)	s, write	c LENGTH OF STAY IN 16	C. CITY OR TOWN (H	outside corpo	rote limits, write R	URAL and give	nearest tow	m)
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	d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospital, gi	ive street o		d. STREET ADDRESS				ON	A FARM?
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	OECEASED (Type or print)	T.FR	menice		Paper	OF DEATH	Dog	hor	6	19 (0
5	SEX 6 C			ED NEVER MARRIED	8 DATE OF BIRTH		9 AGE (In years	ii he he de		
			WIDOWE	-			last birthday)	Months Doy	s Hours	Min.
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	Sel men		F	durni ture	Indiene			U.S	a la	
1/3	. FATHER'S NAME				14 MOTHER'S MAIDEN	NAME				
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15	. WAS DECEASED EVER IN U		CES? 16. S	OCIAL SECURITY NO 17	INFORMANT	COT OTCH	Addi	ress		
(it		give war or dates of se	TK	1-14-1984	_(Broth	er)				
L	Yes	311 77			lynan Palier			t Love_		
	18. CAUSE OF DEATH [use per line	e for (o), (b), and (c).]	2 2/ 11	Spon	tanceus			
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DUE TO 0 14 1 12 B.C. / 16 //										
	Conditions if only, w			deducation of	never y	C2231 1	PART:			
	couse (a), stating the un				•		/			
	lying couse lost.	(c)								
Ž	PART II OTHER SI			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	EN IN PART I(o	19 WAS	AUTOPSY
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		LAL EXAMINER)								
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	21 I certify that (!)	(this hospitol)) oftende	ed the deceased from	ا ومناها ما تنسب مناهده					
	sow the deceased o	live on	2-12	19 60 , and that	death occurred of	M, from	the couses on	id on the do	ite stoter	d obove
	220. SIGNATURE		1			-			2	26. DATE
	•	hunning	2. (ر د	111	M D PHYS	MED DIRECTOR	STAFF PHYS			SIGNED
	22c. PHYSICIAN'S	1	V		22d ADDRESS					
	NAME (Type)	Morris P	B 32 2017		11602 Geo	reis A	venue S	Spg, Md.		
H	J			,						
23		3b DATE THEREO		23c NAME OF CEMETERY		23d LOCA	TION (City, lown, i	or county)	(Sto	ote)
	REMOVAL (Specify)	Dec 7, 1	960	Arl. Nat'l.	Cem.	Arl	ington, 1	Va.		
24	FUNERAL DIRECTOR'S SIG	NATURE	/	ADDRESS	2So. RE	C'D BY REGIST	IRAR 25b REGI	STRAR'S SIGNA	TURE	
12	lood luatin	ual de		K1-17-9 45	+ Week DATED	EC 7 16	0 0	Elmy S. Kr	-ud	
b	WEALLADUL	cear yee	une	4-2-11-7-3	Keen DATED	EC 7 '6	U Chy	Shung J. The	eJA4	

may be retained by the hasp tall or attending physician.

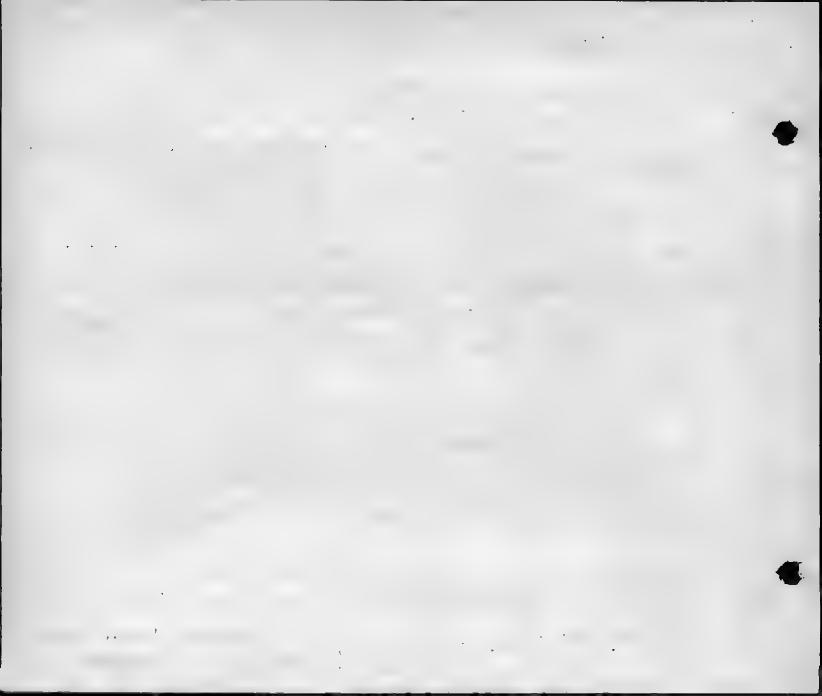
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. Page 4 ISENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs,

TO HOSPITAL



TOD OTLTE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARTIAND 1
FUR STATE	14() 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institutions Residence bufore admission
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P of G	ON A FARM?
t to the second	10215" Wordman Circle 10215 Wordman Circle 45 10 H
State of the state	3. NAME OF Last 4. DATE Month Day Year DECEASED OF
デモ 古 古 古 一	(Type or print) Joseph Jorosom XXX DEATH Ven 5 19 kg
tanta l	5. SEX 6. COLOR OF RACE 7. MARRIED 1 NEVER MARRIED 1 8. DATE OF BRY 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS
2 × made	Malo Visite WIDOWED DIVORCED W Let 3-91 (64 yrs. Months Days Hours Min.
F. C. C. C.	10a USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11 B RTHPLACE (State or foreign country) 12, CTIZEN OF WHAT COUNTRY
72 72	done giving most of working [vie, even if retirad] U. S. A. U. S. A.
5 8 5 E	13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME
W. W. P.	
ES ESE	Journ Calley
章 % 有	15. WAS DECEASED EVER IN U.S. ARMED ORCE 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, rp., or unkeyin] [(Yesgivewarorde) sofset (ce)
D E E E	No 1 579-12-2949 Chr. Peregy - 26cm 2
to a security of	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH
exe lon lon and and	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Clark Consenting Mark Parline 3 has
ed en	1434 DUETO
\$ £ 5 5 6	Conditions, it eny, which (b)
Show Show	gave risa to immediate causa
or se din	(a), stating the underlying cause lest.
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と の	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20d. (City or town) (County) (Stete) Hour a.m., Whila Not While factory, street, office bldg., atc.)
XX 64 7 0	Hour a.m. Whila Not While lactory, free*, off ca bidgs, arc.) p.m. 19 at work at work
M to CO G	21. I certify that I took charge of the remains described above, held an Autopsy
Ritaba	death resulted from: Natural causes 🔀. Accident 🔲. Suicide 🔲. Homicide 🔲. Undetermined manner 🗌
DIC O	CHIEF MEDICAL EXAMINER
DIR Sed as	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER TO
Esign Care	NAME (Typa) Shakk VJ. Bhoschaht Address (Street, city, town, or county)
DEPUTY sase execut should be FUNERA! its designe	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 245 2	PRIAL DEC. 8, 1960 FORT LINCOLN CEMETERY PRINCE GEORGE'S CO. MARYLAND. 23. SHUTSHAT BREGIOR DIMENTIFY THE GUIDPRESTORE AND 24%. REGISTRAR; 24b. REGISTRAR; SIGNATORE 24%. REC'D BY REGISTRAR; 24b. REGISTRAR; SIGNATORE
VS. A15ME	MARNER By PUPPEREL, INC. 8434 GEORGIA AVE.
5M 7/59	turnaril le nucla SILVER SPRING, MD. DAT DEC 14'60 Circling & Kinns

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENC

ON A FARM?

YES NOX

PERFORMED?

(State)

Year

1960



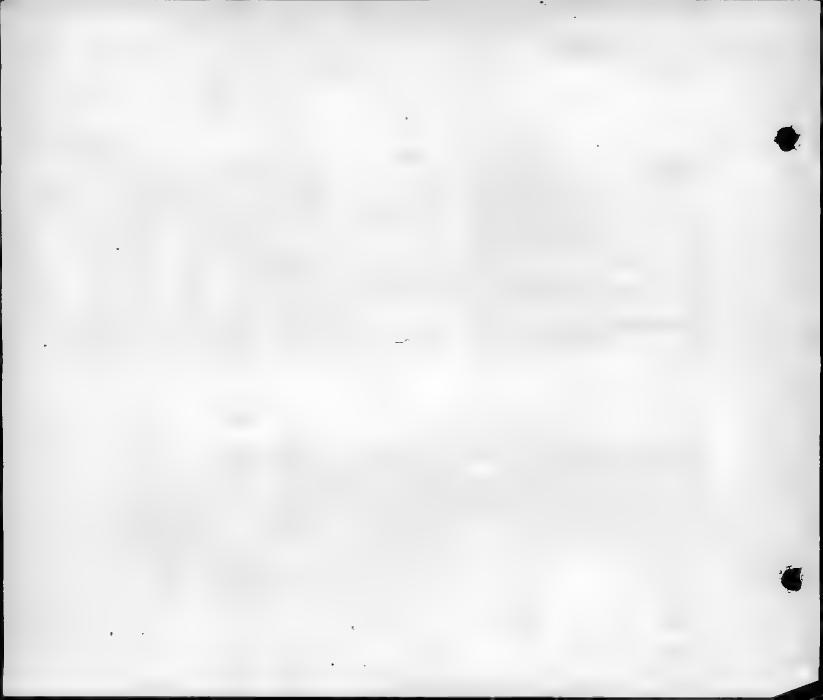
FOR STAT	E
	PŢ.
TO DEPUTY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is, established the execute the ficate, writing the ward "pending" in pendin in Item, 18. Give Pages 1, 2, and 3 to the funer clar. Page 14 should be forwarded to the Chief Medical Examiner's Office along with farm PM2. Page 5 may be retained or your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth. It is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	PT.
CO DEPUTY (CAL EXAMINER: This certificate should be execute the ficate, writing the ward "pending" in pendi is a should be forwarded to the Chief Medical Examiner's Offic to FUNERAL DIRECTOR: Page 3 should be used as a burial-tradition designated agent, prior to buriot, cremotion, or remover	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 14133

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Betherson Control Co	1	Ь		tinde corporate limits, write EUPA	c LENGTH O	ESTAY IN 16	c CITY OR TO	OWN (If outside corpora			
Suburban Hospital Route 3 NAME OF DECASTOR PROPER TO BE A FARM. S. SAX O COLOR OR RACE 7- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 19 DATE OF BIETH Name of Color or RACE 17- MARRIED NEVER MARRIED 10 DATE SUBMITS SOR INDUSTRY 11 E BITHFLACE (Stole or Toesque country) 12 CITIZEN OF WHAT COUNTRY forming lift, which is the stole of the Color of Color or Toesque country) 12 CITIZEN OF WHAT COUNTRY forming lift, which is the stole of the Color of C				esda	14 h	rs.	. 0	aithersburg	2		
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DICEASED DICEASED DICEASED Ronald L Phillips OSATM December 12 19 60 S. SEX Male Negro WIDOWEO DIVORCED SEATH P. AGE (in your be broken) Seate P. AGE (in your be broken) Seate broken Seate broken Seate broken			Subur	rban Hospita	L			loute 3			
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19 CAUSE OF DEATH Enter only one couse per line for (c), (b), and (c)	Į.	13	FATHER'S NAME	/ -	0 11		14. MOTHER'S MA	AIDEN NAME	01.11		
19 CAUSE OF DEATH Enter only one couse per line for (c), (b), and (c)			How	21012/	Katu			132/	111/170	751	
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20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 100. (City or nown) (County) (State) While Not while of work at work at work form, 120. (City or nown) (County) (State) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER EXAMINER'S FANK J B ASCINAL DEPUTY MEDICAL EXAMINER 220. BURIAL CREMAT ON 22b. DATE HIERROF PROOF OF OVER ATORY 12d. LOCAT ON (City, town, or county) (State) PROOF OF OVER ATORY 12d. REGISTRAR SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR SIGNATURE	- 1	5	20g. EXTERNAL CAUSE	E WAS 20b DE	SCRIBE HOW INJURY	OCCURRED (En	ter nature of injus	v in Part Lor Part 11 of i	item 18.)	1123 [T 12017
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SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER [] DEPUTY MEDICAL EXAMINER [] 270. BURIAL, CREMAT ON, [27b. DATE WEREOF PROOF OF CREMETERY OF CREMATORY [27d. LOCAT ON (City, fown, or county)] Laytons ville, M1. 23 HUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES			opinion deoth re	esulted from: Notu	rol causes 🕱.	Accident [], Suicide	, Homicide []. Undetermined	monner [
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NAME (Type)			EVALUNED'S (T	- ()	7 i		ASSISTANT	MEDICAL EXAMINER	1 / 2 .	ノユヘ	Can
TAMOVAL (Spec (y) 12/15/60 Proofe Grove. Laytonsville, M. Laytonsville, M. ADDRESS 240 REC'D BY REGISTRAR S SIGNATURE				FANK J.,					connect we have recovered to		
A A Company of the Co		220.		12/15/60	22c. HAME OF	CEMEJERY OR C	REMATORY		1 21		State)
Nobel To Sumally Rockville, Mil. Demos 1 150 C. 1- 84	1	23	FUNERAL DIRECTOR'S	SIGNATURE	V -		2.62	a REC'D BY REGISTRAL	246, REGISTRAR S SI	GNATURE	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	}		Nobert	J. Sumo	len: Ro	ckville	, Mid .	ATDEC 1 9 160	C 1.7.2	Tho sa	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14182 CERTIFICATE OF DEATH

Reg. Dist. No.

14134

					Keg.	. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE D	(Where deceased live	d. If institution: Res b. COUNTY	idence before o	dmission)
B CITY OR TOWN (I RURAL and give no		c LENGTH OF STAY IN 16	c. City or town	(If outside corporate in the corporate i	limits, write RURAL o	and give nearest	lown)
OR INSTITUTION	AL (If not in haspital, give street Rest Home	address)	d street address 804 Bu	s it ternut	Street,		RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	Agnese	Middle	Pieri	4. DATE OF DEATH	Month Dec.	6 Day	Year 1960
female	6. COLOR OR RACE 7. MARI		8 DATE OF BIRTH 5/16/187	l lo	GE (In years IF UN Mont Mont	DER 1 YEAR IF L	UNDER 24 HRS purs Min.
during most of worl	ON (Give kind of work done 10b king life, even if retired) NOME	KIND OF BUSINESS OR INDU		tote or foreign country	y) 12.	CITIZEN OF W	HAT COUNTR
3 FATHER'S NAME Adriai	no Giannini		14 MOTHER'S MAIDE Semira	N NAME			
	R IN U. S. ARMED FORCES? 16.		nformant	M.Ford-	Address ⊷9711 Ho	olmhura	st Ros
VE 200 ACCIDENT WA	mmediate DUE TO (c) DUE TO		NOT RELATED TO THE TE	RMINAL DISEASE CO	SCLEROS	1 01	VAS AUTOPSY ERFORMED?
20c TIME OF INJUR Hour o. m.	Y Manth, Doy, Year 20d. III		ACE OF INJURY (Home, f clory, street, affice bldg.,	orm. 20f. (City or to	Dwn)	(County)	(Stote)
21. I certify the alive on	at lattended the decease P.C. 6, 19 f	ed from Feb 2 20, and that death Minimaker	, 19 <i>60</i> , to occurred at 6 ,5	QPM, from the	e causes and accity or town, state)		
PHYSICIAN'S NAME (Type)	HARLES S	. WHITAKE	RMD.	CLARK	SVILLE	MI	12/6
PO BURIAL, CREMATIO REMOVAL (Specify) DUP 1 al 3. FUNERAL DIRECTOR	12/9/60	Fort Linco	R CREMATORY	22d LOCATION	(City, lown, or coun	y) as Cour	(Stote)
The S.H.	ilnes Co. 290 Wa	a lith St., l	DATE	DEC 8 '60	Cila	8 Kines	

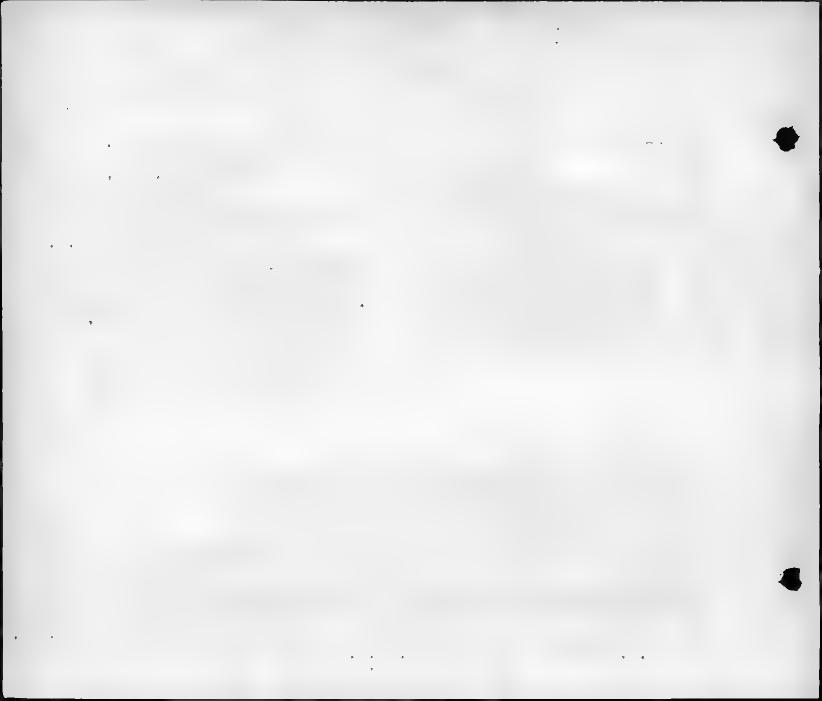
may be restered by the haspital or attending physicion.

TO FUNERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/\$S

ATTENDING PHYSICIAN; The fow requires that the death certificate be executed within 24 hou

TO HOSPITA

Pfter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence botors admiss on 1. PLACE OF DEATH director. Page or your files. COUNTY m. STATE **b.** COUNTY MONTGOMERY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (if outs'de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporale I m Is write RURAL end give neerest town). write RURAL and give nearest town) HRS. GAITHERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Por Boar d. STREET ADDRESS retained the State B RT. 2 GENERAL HOSPITAL 3 NAME OF First Middle Last 4. DATE Month DECEASED OF the (Type or print) DEATH PRESLEY ALTIE with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years, IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 2 with PM3. Page 5 may pages 1 and 2 with last birthday). Months and WIDOWED V DIVORCED Jan/1 1888 FEMALE ould be executed within 24 hours after In pencil in Item 18, Give Pages 1, 24 Office along with form PM3. Page 5 10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTE 1 . RTHPLACE (State or foreign country) done during most of working I fe, even if retired) House Work VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eig FLOYD RAY lease execute the certificate, writing the word "pending" in pendit in item 18. Give should be forwarded to the Chief Medical Examiner's Office along with form. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File its designated agent, prior to burial, gramation, or nemoval, and in any event CELIA CUMPTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIA, SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyosgivewerordatesofservice) HOSPITAL RECORDS. OLNEY, MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SUBARACHNOLD HEMORRHAGE DUE TO Conditions, if any, which FRACTURE OF SKULL (6) gave rise to immediate cause DUE TO (a), steting the underlying cause lest STRUCK BY AUTO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TON GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION COMPOUND FRACTUREOF RIGHT LEG - FRACTURE 3RD RIB, RIGHT 206. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of them 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. PEDESTRIAN STRUCK BY AUTOMOBILE MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, firm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While 12/5/60 at work at work X | MD. R 115 GAITHERSBURG. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry EDICAL Accident X Undetermined manner [death resulted from: Natural causes I Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUT GAITHERSBURG, FRANK J. VBROSCHART, M. D. NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, lown, or country) REMOVAL (Specify) <u>7</u>40 Montgomery County, Md. Flower Hill Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** VS. A15ME C' Plan & House DATE DEC 9 Laytonsville, Md.

. IS RESIDENCE C A FARM?

YES X, NO TE

19 60

Day

Deys

U. S. A.

183

MONTG. MD.

and in my opinion

DATE SIGNED

/7/60

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(State)

5M 7/59

3 1. IC. ranii. 1 Х

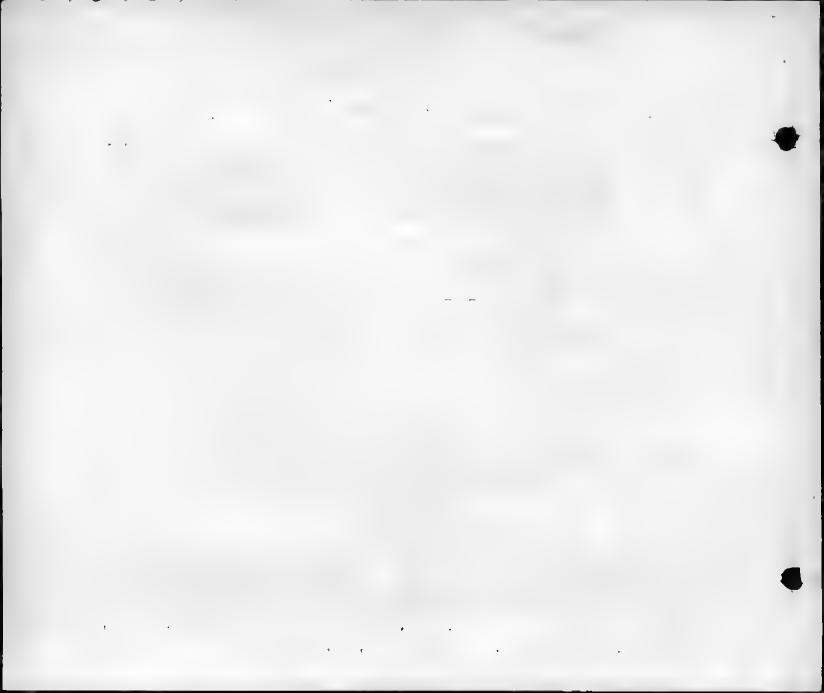
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

TO HOSPIT

VR A15 (4) 1SM 9/59

er death. Page 4

b CITY OR TOWN IH outs de Corporate limits, write RU RURAL and give reactes 194m) Tal Dit a ray d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DRASTITUTION 3 NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION DRASTITUTION AS A DATE BANCING First Middle Pint Z DEATH DECLASED Type or print) DIS OCION OR RACE First Middle DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Type of Pitt Declased Diving most of working life, even if retired) Toll Scale (If year sign) Toll Scale (If year	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	
3 NAME OF DECEASED (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 10a. USLAL OCCUPATION (Give kind of work dame dyring most of working life, even if retired) 10a. USLAL OCCUPATION (Give kind of work dame dyring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 FATHER'S NAME 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17 INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gove rise to immediate cause (a), stoling the under- 10 DUE TO Conditions, if any, which gove rise to immediate cause (b), stoling the under- 10 DUE TO	B IS RES DENCE ON A FARM?
(Type or print) 1	th Day Year
FONLAGE White WIDOWED DIVORCED 10-19-93 Lost birthday) FONLAGE White WIDOWED DIVORCED 11. BIRTHPLACE (Stole or foreign country) LOST COUPATION (Give kind of wark dame dyring most of working life, even if retired) LOST PATHER'S NAME 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (b), stoling the under- Conditions, if any, which gove rise to immediate couse (b), stoling the under- DUE TO DIVORCED 11. BIRTHPLACE (Stole or foreign country) LOST PART I. BIRTHPLACE (STOLE or foreign country) LOST	, 2 1960
dyring most of working life, even if retired) HOLLSCUITE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yet, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (b). Seller aligned Affleroscients Conditions, if any, which gove rise to immediate couse (b). Seller aligned Affleroscients DUE TO DUE TO DUE TO DUE TO	Months Days Hours Min
13 FATHER'S NAME James 7, Saxwardowx Somers 15 Was Deceased ever in U. S. Armed Porces? 16. Social Security No. 17. INFORMANT 15 Was Deceased ever in U. S. Armed Porces? 16. Social Security No. 17. INFORMANT No. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Occupy Occup	12. CIT ZEN OF WHAT COUNTRY?
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yet, give wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY COMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (b). Seller of 12 ed. Afh. evose (e rosis DUE TO DUE TO DUE TO	usv.
(If yet, give war or dotes of service) 578-28-4586 HOS DI tal Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Co-oughy Occolusions, if any, which gove rise to immediate cause (b). Seller 3(12ed) Atherosclerosci Conditions, if any, which gove rise to immediate cause (a), stoling the under-	2004
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COOL 3 4 Occ / US (OC) LA 20 DUE TO Conditions, if any, which gove rise to immediate cause (o), stoling the under-	1933
Conditions, if any, which gove rise to immediate cause (o, stoling the under-	INTERVAL BETWEEN ONSET AND DEATH School Com
cause (o), stating the <u>under-</u>	420.43.
PANT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VI Dilitation Colomnon duct Secondary to fibasis Sphenet	PERFORMED?
206. DESCRIBE HOW INJURY OCCURRED (Enter nature of finitry in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Haw o. m. While Not while of wark of wark at wark 19 of wark 19 of wark 19	(County) (State
21. I certify that (I) (this haspital) attended the deceased from April 7 1900, to 1900 and that death accurred at 1300, from the causes and	that (I) (we) las
220. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS DIRECTOR PHYS DIRECTOR DI	Dee 2 1 (960
22c. PHYSICIAN 2 LYSIE Williams M.D 22d ADDRESS 7717 Garland Ave, Tak	Comport, Md.
BURLINE 22, 57 00	COUNTY, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE Y., INC. SILVER SPRING, MD. 250 REC'D BY REGISTRAR 255. REGISTRAR DEC 7 DATE 250. REGISTRAR DA	ISTRAR'S, SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

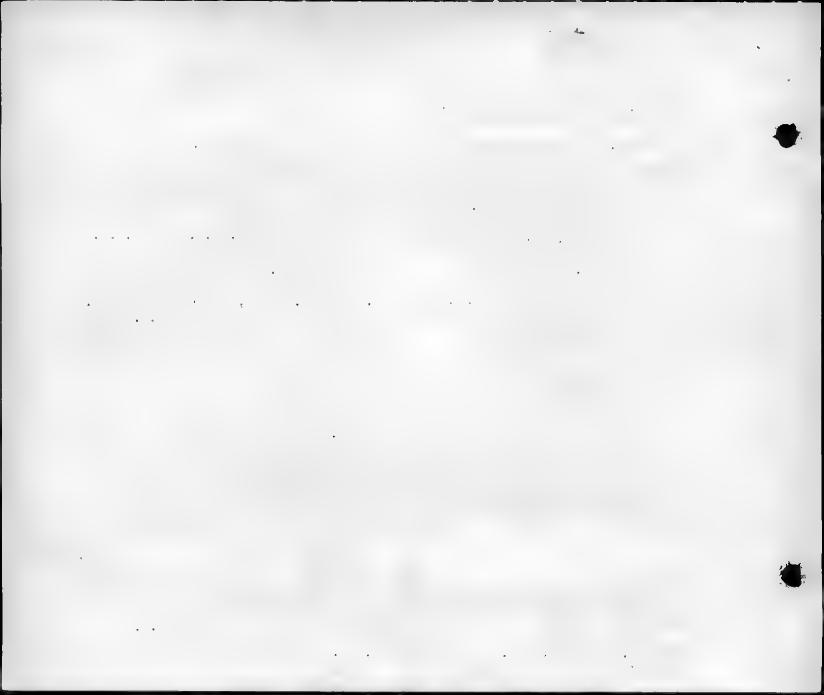
CERTIFICATE OF DEATH

 1	4	1	3	7

	1 PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)					
	MONTGOMERY	MARTHANII	d. STATE DISTRICT OF	COLUMBIA				
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	t LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rate limits, write RU	RAIs and give nearbes town)			
-	TAKOMA PARK d NAME OF HOSPITAL (If not in hospitol, give street		WASHINGTON		- IS BESIDENCE			
	OR INSTITUTION	bodressj	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
€	OAKHAVEN CONVELESCENT	HOME	1673 PARK ROAD	MA .	YES NO			
	3 NAME OF DECEASED (Type or print) (Ph 3 Y ES)	NELSON Middle	UMPHREY DEATH	Month DF CFMBE				
	5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR			
	male white widow	- 0	2/28/86	last birthday) 74 yrs.	Months Days Hours Min			
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) IRM Operator	kind of Business or Indus Dupont Laundry	STRY 11. BIRTHPLACE (State or foreign of WASHINGTON ,		U.S.A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	CHARLES B. PUMPHREY		MOLLIE H. PLUM	MER				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes, no, or unknown] It'l yes, give war or defeat of service] NO		FORMANT . James G. Berry,	Addre 637 Longf				
)	PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CAUSE OF DEATH PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CAUSE OF DEATH 20a ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER NOTHER EIGHT AND ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER NOTHER EIGHT WAS UNDERLYING OF DEATH (IF EITHER EITHER EIGHT WAS UNDERLYING OF DEATH (IF EITHER EITHER EIGHT WAS UNDERLYING OF DEATH (IF EITHER EITHER EITHER EIGHT WAS UNDERLYING OF DEATH (IF EITHER EIT	Course of the	Ing-rig	O Par				
		NJURY OCCURRED 20e. PL/	D (Enter nature of injury in Port 1 or Port ACE OF INJURY (Home, form, 20f (City)		(County) (Stat			
	7 20c TIME OF INJURY Month, Doy, Year 20d II Hour a.m. White p. m. 19 at wor	Nat while fac	tory, street, affice bldg., etc.)	,				
	21. I certify that (I) (this hospital) attended the deceased from 11/2/1960, to 12/20/1960 that (I) (we) lost sow the deceased alive on 12/20/1960 and that death occurred of 18/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 and that death occurred of 18/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow the deceased alive on 19/20/1960 that (I) (we) lost sow							
	23g BUR A. CREMATION, 23b DATE THEREOF 12/28/60	23c NAME OF CEMETERY OF		TION (City lawn, at INGIV N , D				
	24 FUNERAL DIRECTOR'S SIGNATURE WITH HER E PHATTHEN THE	STLVER SPRING	G, MD. 250 REC'D BY REGIS	6	TRAR'S SIGNATURE			

TO HOSPITAL NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havy in death. Page 4 may be really the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached far use as the burial-transit permit. Then please remare carban pages? Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaral, and Theory event, within 72 haurs after death



14074

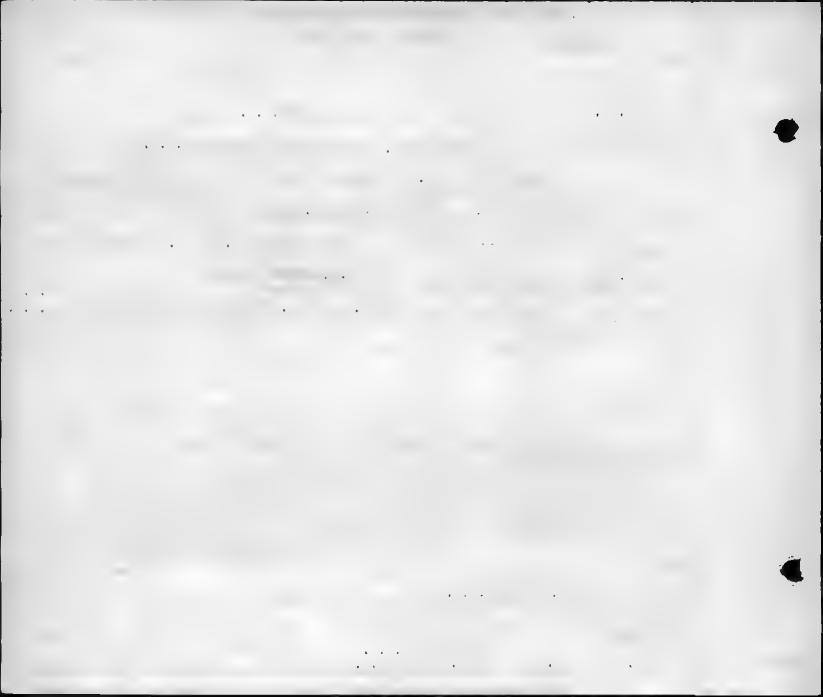
CERTIFICATE OF DEATH

14138

X A O * L	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE DISTRICT OF COLUMBIA
MONTGOMERY COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	
KEN SINGTON, MD. d. NAME OF HOSPITAL (If not in hospital, give street address)	WASHINGTON, D. C.
KENSINGTON GARDENS SANITARIUM 3000	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
No COMAS	7705-MORNINGSIDE DRIVE, N. W. YES NO D
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeor
(Type or print) EVA M.	RAUCHEN STEIN DECEMBER 25th, 1969
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS lost birthdoy) Months Days Hours Min
FEMALE WHITE WIDOWED TO DIVORCED	JULY 21.1876 84 ms 5 4
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
HOUSEWIFE	WASHINGTON, DIST. OF COL. UNITED STATES
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
SAMUEL E. SHIELDS	JOSEPHONE Shields
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	MFORMANI (Daughter) Address Washington, D. C
	MRS. JAMES H. REES 7705-MORNINGSIDE DRIVE,
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) TRUMONIA	2 wks.
DUE TO	
Conditions, it tony, which) (b) Oulmonary	interction 3 who.
gove rise to immediate DUE TO	
lying couse lost. (c) Shantone	left femoral veen 2 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	
3 generalized a	Trlerio sclerosis PERFORMED?
200. ACCIDENT WAS UNDERLYING 706. DESCRIBE HOW MUJURY OCCURRE OR CONTRIBUTING 706. DESCRIBE HOW MUJURY OCCURRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18.)
	ACT OF BUILDINGS.
Hour e. ft. While Not while fo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from. au que	st, 1960, to Alecander 24 1960, that I last saw the decea
alive on Allo 23, 19 60, and that death	
201	ADDRESS (Street, city or town, state), DATE SIG
SIGNATURE COMES / Coleman MA	MD. 133 Deso ave. Lec. 23,19
PHYSICIAN'S JAMES R. COLEMAN.M.D.	Selection Around March
	felier of ring Maryland
220. BURIAL GREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF DEC. 28,1960 CONGRESSI	
23. FUNERAL DIRECTOR'S SIGNATURE Confunction W. Hypother Carly ASH. D.	
MARTIN W. HYSONG CO. 1300 N. STREET, N	100
	4 - 11 - 111

TO HOSPITAL PE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retain, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove could be detached for use as the burial-transit permit. Then please remove could be detached for use as the burial transit permit. Then please remove could be detached for use as the burial transit permit. Then please remove could be filled with the registrar prior to burial, cremation, ar remarkal, and in any event within 72 fours after death.



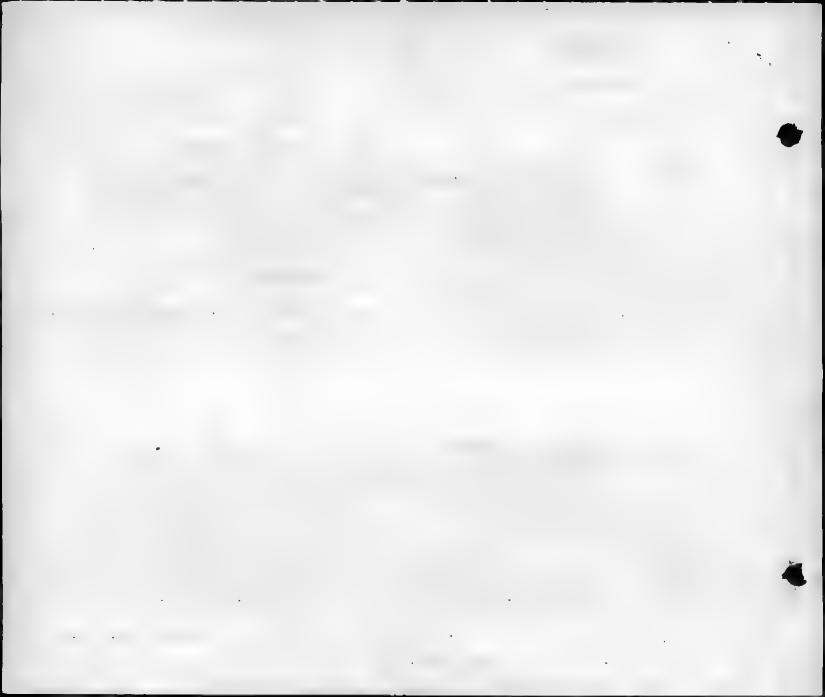
 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 STATE
 b. COUNTY b. COUNTY

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

death. Page 4

VR A15 (4) 15M 9/59

		Montgo	mery				<u>MaryLa</u>	and		Mol	ntgor	nery	
	E	CITY OR TOWN (IF	outs de corporate fimits	, write	c LENGTH OF STA	AY IN 16	c CITY OR TOWN (II	outside corpo	rote limits, write	RURAL ON	d give ne	arest low	n)
		Bethesda	•		3 hr.		Bethes	i a F		13			
			AL (If not in haspital, gir	e street		1	d. STREET ADDRESS	1,4				e. IS RES	FARM?
Photograph		Suburban_H	ognito]				7.520 Rose	A = [05c	Trovisa	/			NO.
1		NAME OF	First		Mide	dle ''	Last	4. DATE		onth	Do	11/	Year
		DECEASED Type or print)	***					OF DEATH		7 4		7	19
	5 S		Ma ry		therine Re			DERITT	9 AGE (n yeer	IE IND	1960		ER 24 HRS
	2 3	>EA			RRIED NEVER MAR		DATE OF BIRTH]	lost birthdoy)	Months		Hours	Min.
		F		WIDOW			eptember L		90 yr				
	10a		N (Give kind of work do ing life, even if retired)	one 10b	. KIND OF BUSINESS	OR INDUSTR	Y 11 BIRTHPLACE (Sto	te or fareign o	ountry)	12 €	ITIZEN O	FWHATO	OUNTRY?
		Housewif	e	N	lone		Pennsy	lvania			U.S.		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		Abraham S	Callano				Amanda l	Markley					
		WAS DECEASED EVER	IN U. S. ARMED FORC		S. SOCIAL SECURITY I	17. INFO	RMANT	Mile State Conf.	Ac	dress			
		NO or unknown)	If yes, give war ar dates of ser	A+C6)	None	F7	elvn Burro	16	14 Ch-0	ole	_ 0+	D (~
	Hi		TH [Enter only one cou	te ner l			eryn burro	4540	TO CUES!	heart"		ERVAL BE	TWEEN
			TH WAS CAUSED BY.	20 p.o.	700.1-6		1 foil	21-0				SET AND	DEATH
		IMMEDIATE CAUSE (o) PHYD CAY O THE JATTAVE											
		45 0 00 DUE TO											
		Conditions, if ony, which avteriosclerosis seneralized years											
		couse (o), stating the under-											
		lying couse lost. (c)											
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS	CONTRIBLTING TO I	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION G	VEN IN P	ART 1(0)	19. WAS PERFO	AUTOPSY DRMED?
	3											YES [NO Z
	ZTF.	20a ACCIDENT WA	S UNDERLYING [2 0 ь. DE	SCRIBE HOW INJURY	OCCURRED	(Enter nature of injury I	n Port 1 or Por	t I of item 18.)	4			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL	20c TIME OF INJURY	Y Month, Doy, Year	20d.	INJURY OCCURRED		E OF INJURY (Home, fo		or town)		(County)		(Stote)
	Ē	Hour o.m.	19	While of we	Not while	focto	ry, street, office bldg., e	itc.)					
	-		-60 m + 1 1 1 1			1.5	Alax .	54.	12-1	1// 10	10 0		
		· ·	t(1) (this hospital)	atten			- Ner]						
		saw the deceas	ed offive on	15K.	-7_19 0 % or	nd that dec	oth occurred of 3/2	A.M. from	the causes o	and on t	he dote		b DATE
		220 SIGNATURE	1311 0	1	21 -		ATTENDING _/	MED	STAFF		7.0	12 1 1	SIGNED
		Do. Bringler	alfred.	1,	Morlon	M.		DIRECTOR L	PHYS [12/	14/	00
		22c- PHYSICIAN'S NAME (Type)					22d. ADDRESS						
			Alfred_S	S	Norton		4711 1	dighla	nd Ave	Be	the	sda,	_Md_
	23a	BURIAL CREMAT OF	N. 236 DATE THEREOF	:	23c NAME OF CI	EMETERY OR	CREMATORY	23d LOCA	TION (City, fown	or county	v)	(Sto	te)
]	Burial	12/16/60) ,	St. Jo	hn Rei	formed Cer	n Nor	thampt	on_C	اا	_ م	
	24	FUMERAL DIRECTOR	S SIGNATURE	1	ADDRESS /		250. RE	C'D BY REG ST	TRAR 256 REG	GISTRAR'S	SIGNATU	RE	
	1	Robert A.	Pumphre	The	Bethesda	Mar	yland DATE	DEC 2 0 1	60 (المسراء الم	& The	W.A.	
			0 1	70									



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13.

5. 10

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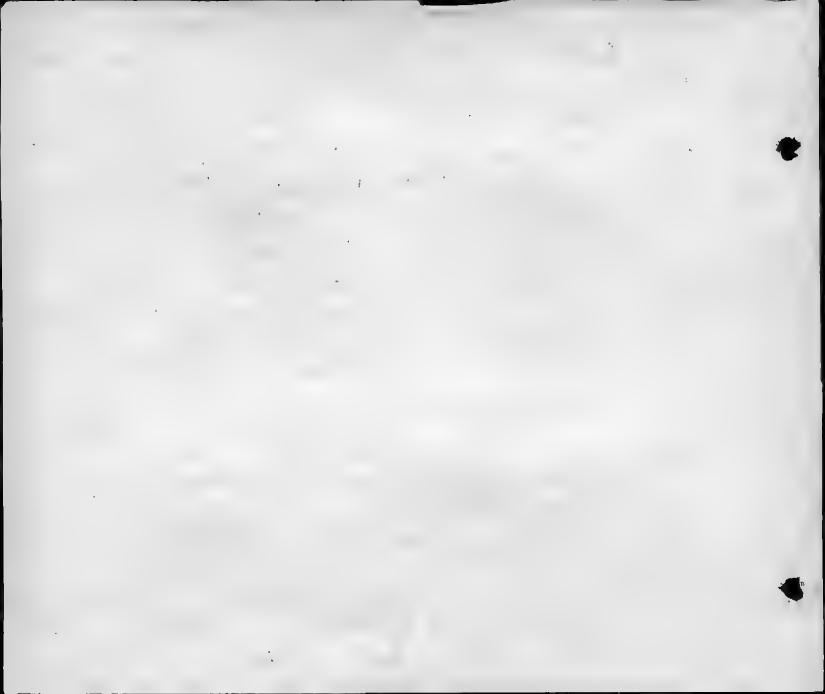
MEDICAL CERTIFICATION

23

24

sir

MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
14059 CERTIFICATE OF DEATH							
PLACE OF DEATH 10:) 2							
MARYLAND b. COUNTY MARYLAND b. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerast lown) CAKOMA CAYK A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerast lown) CAKOMA CAYK A. STATE D. COUNTY MARYLAND C. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerast lown) CAKOMA CAYK A. STATE D. COUNTY TOWN (If outs de corporete limits, write RURAL and give neerast lown) CAKOMA CAYK A. STATE D. COUNTY TOWN (If outs de corporete limits, write RURAL and give neerast lown)							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ashington Sawitavium & Hospital 7807 Lockness Avenue 1 S RES DENCE ON A FARM? YES [] NOTE							
NAME OF Dev Year DECEASED A. DATE Month Dev Year OF							
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months, Days Hours Min.							
e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
tousewise Maryland U.S. A							
Samuel Ruback WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO 17. INFORMANT Address Address Address							
No Washington Sanitarium + Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Washington Sanitarium + Hospital Records ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 1 leton totac Car Curous of Brance / Morette							
Conditions, Many, which (b) Caremeter a of Fung Sklowether							
(a), steting the underlying ceusa last. (c)							
PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \)							
20a. ACCIDENT WAS UNDERLYING [_ 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert							
20c. TIME OF NJURY Month, Dey, Year Hour e.m. While Not While of work of work 19 work 19 Not While of work 19 Not							
21. I certify that (I) (this hospital) attended the deceased from 3 wife, 19 40 that (I) (www) last							
saw the deceased alive on 2 2 ALL C 1941. and that death occurred at LOFM, from the causes and on the date stated above.							
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR 23 MICHAELES 22c. PHYSICIAN'S							
NAME (Type) 1011 Ulus Blist & Silver Joney My							
8. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 12-23-60 Rethe Thereof Pud							
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR 256. REGISTRAR'S SIGNATURE							
jack Lew olne 2/00 lector Place. DAT DEG 27'60 Sinhung & thrown							



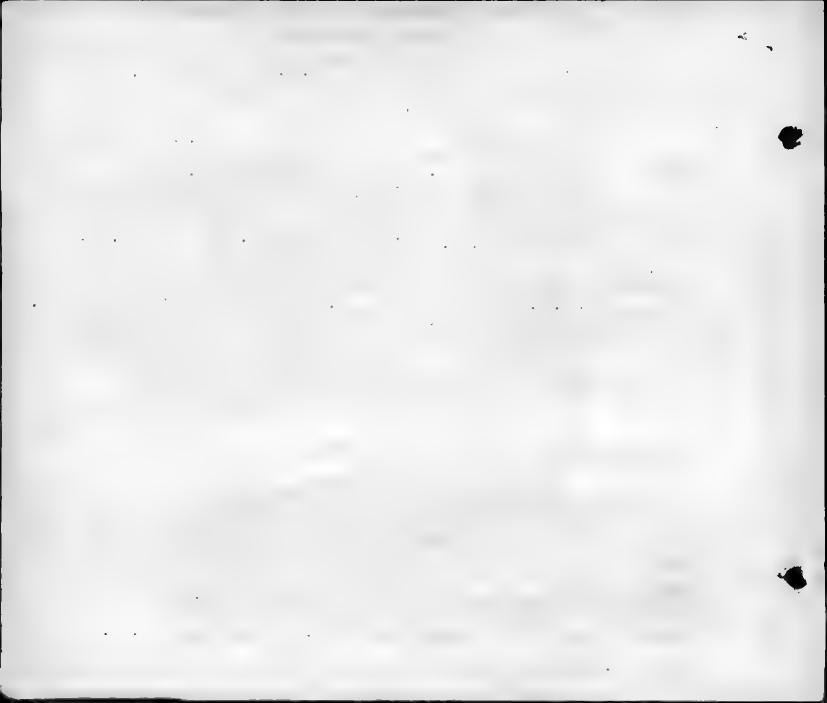
VS A15 (4) 15M 9/55 54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14185 CERTIFICATE OF DEATH

			-54	1	1	13	-0
Reg.	Dist.	No.	i	$-\int_{0}^{\pi}$	L	4	N

1. PLACE OF DEATH o. COUNTY INOT	ntgomery		MARYLANE	o. STATE	D. C.	sed lived If institu 6 COUNT		fore admission	1
RURAL and give n	(II outside corporate limit learest town) The sda		th of stay in it		TOWN (If pulside con Washingto		RURAL and give r	earest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (II not in hospito) gi Suburban Ho	ve street address) spital		d STREET A	DDRESS Emery Pl	ace, N.W.		•. IS RESIDE	ARMZ_
3. NAME OF DECEASED (Type or print)	Eber fin	t .	Middle F.	Riley	4. DATI OF DEA	Doo	7	Day Yes	60
5. sex Male	W	7 MARRIED N	DIVORCED [3/24/10)	9. AGE (In year last besithday)	Months Day:		Min.
during most of wor	ON (Give kind of work d rking life even if setired) 110 Speciali	one 10b. KIND OF	BUSINESS OR IN	7MF 7-	ington, D	-		OF WHAT C	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
Harry F	Rilev		1	Emm	a Eber				
15 WAS DECEASED BY	ER IN U. S. ARMED FOR	ES? 16. SOCIAL S	ECURITY NO 17	INFORMANT		Ad	Idress	Bet	hesda
Yes, no or unknown)	2nd. W. W.	course).	2-6783	Harry C.	Riley (br	oth er) 66			
1 1	ATH [Enter only one cou ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(1)	(b) and (c).]	resully	nderal	Ware	1 0	NSELAND D	
420.	420. 1 DUE TO 7/1/10/1/53 20 1/1 (2000) 3/10/10/10/10/10/10/10/10/10/10/10/10/10/								
gove rise to couse (a), staling lying cause lost	immediate Dus TO	Ola	10 min	Solene	151 00	rula			1
1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	HER SIGNIFICANT CONT	OITIONS CONTRIBU		OUT NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION O	IVEN IN PART 1(0	19 WAS AU PERFORM YES 2	MEUT
OR CONTRIBUTING	AS UNDERLYING D G CAUSE OF DEATH Y MEDICAL EXAMINER)			RRED. (Enler nature o	I injury in Port I or	Part II al item 18)			
20c. TIME OF INJU Hour e. m. p. m	RY Month, Day, Yea		while_	PLACE OF INJURY loctory, street, affic	(Home, form, 20f. (e bldg., etc.)	City or lown)	(Соия	ly)	(Slote)
21. I certify t	hat I attended the	deceased fran	n marke	19/00	21011-	7 196	Ahat I last	saw the d	eceased
alive on	11-7				11.45 M. F		and on the a		
ACTUAL	D. Ch	ska	lever	-M.O. 42	U.F.es	send		1-6	0
PHYSICIAN'S NAME (Type)	O.PAN.	DREH	rs m.	D. 11	Vast	since!	on /	15 D.	Ĉ
	ON, 226. DATE THEREO	F 22c. No	AME OF CEMETER	Y OR CREMATORY	22d LO	CATION (City, lowe	i, or county)	(State)	
REMOVAL (Specify Burial	12/10/	60 Pr	rospect	Hill Ce	m. Wa	shington	n, D, C	•	
23. FUNERAL DIRECTO	R'S SIGNATURE		ORESS		240. REC'D BY REC	SISTRAR 246 REG	GISTRAR'S SIGNA	TURE	
Robert	A. Pumphre	v Beth	nesda. N	Maryland	DATE DEC 0	'60 (". " an 8 to	Mila	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14186	CERTIFICA	ATE OF DEAT	Н	Reg. Dist. No.	14149			
1. PLACE OF DEATH o. COUNMOntgomery	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Marylan	There deceased lived. If in b. Cou					
b CTY OR TOWN (If autside carporate l'mits, write DICRETS ON	c LENGTH OF STAY IN 16	Dickers	outside carparate limits, w	rite RURAL and give near	est town)			
d. NAME OF HOSPITAL (If not an hospital, give street of OR INSTITUTION	address)	d STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO			
3. NAME OF First DECEASED (Type or print) William	Middle Edgar Rober	Last	4 DATE OF DEATH De	Month 26 Day	Yeor 19 60			
5 SEX Male 6. COLOR OR RACE 7. MARRI White WIDOWE	IED NEVER MARRIED	8 DATE OF BIRTH Feb.14-188	9. AGE (In.)	rears IF UNDER TYEAR I				
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) Plumbing Contractor—		· ·		12 CITIZEN OF V	WHAT COUNTRY?			
13. FATHER'S NAME	NI SOMES TOTAL	14 MOTHER'S MAIDEN		, , , ,				
Benjamin F. Roberson 15 WAS DECEASEDEVER N. J. S. ARMED FORCES? 16. 5 (Yes, no, or unknown) 1 (If yes, give wer or dates of service) 21		NFORMANT	e Purdy erson, Dicke	Address Maryle	and			
18 CAUSE OF DEATH [Enter on y one couse per lin PART I. DEATH WAS CAUSED BY:	e far (a), (b), and (c)-]				VAL BETWEEN T AND DEATH			
Candit ons, if any which gave rise to immediate cause (a), stating the under: Part II. OTHER'S GNIFICANT CONDITIONS COME.	.euKemi	Chroni		4 N GIVEN IN PART 1(0) 19	YEAYS WAS AUTOPSY PERFORMED?			
	Not while for	ACE OF INJURY (Home far ctary, street, affice bldg., et		(County)	(State)			
21. I certify that I attended the deceased fram 14 CcT., 1960, to 26 Dec., 1960 that I last saw the decease alive on 24 Dec., 1960, and that death accurred at 2 M. from the causes and an the date stated above ADDRESS (Street, city or town state) ACTUAL SIGNATURE M.D. BATRESVILLE, Md.								
PHYSICIAN'S Gordon M. Smit	T							
PBUY1 (SPICIFY) 22b. DATE THEREOF 12-29-60	Monocacy	R CREMATORY	Beallsville		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE William B. Helton	Barnesville	Md 24a. REC DATE D		REGISTRAR'S SIGNATURI				

TO HOSPIT. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had ther death. Page 4 may be really aby the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-trans t permit. Then please remave carbon pages. Page 1 and 2 should be to with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death VS A15 (4) 15M 9/58

C a full of the life to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

74143

L	14187 CERTIFIC	ATE OF DEATH	TATAR				
1	PLACE OF DEATH O COUNTY NOT OMERY MARYLAN	2 USUAL RESIDENCE (Where deceased lived If a STATE b CO	nstitution Residence before admission) DUNTY Kontromery				
	b. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenvood.	1b c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give nearest fawn)				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) 60 4 Highland Dr.	/ d street ADDRESS 6004 Highland Dr.	e is res dence on a farm? yes \(\) NO \(\)				
3.	NAME OF DECEASED (Type or print) SACIE Middle	Robine tte OF DEATH	Month Day Year 12 3 1960				
5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birth	yrs Months Days Hours Min				
11	during most of working life, even if relired) House Wife	NDUSTRY 11 BIRTHPLACE (State or foreign country) Baltimore, Md.	U.S.A.				
)	William G. Firoved	Mary A. Shuffler					
19	S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 (If you give war or date of service)	Sadie F. Hughes	Address				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stoling the under-	1 ARTERIOSCIAR	INTERVAL BETWEEN ONSET AND DEAT 2 CVA CY				
Iying couse lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART PART							
AACBICAL	20c. TME OF NJURY Month, Doy, Year 20d. INJURY OCCURRED 20e While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (St				
	21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive an NOV 126-1960 and the	at death accurred at 19 AM, from the caus					
-	200 S GNATURE STATE & OF	M D PHYS MED STAFF	22b DATE SIGN				
	TERRETTY FRANK S. BACON	1150 - CONN. a	Ve. M. Whileships				
L	30. BUILAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER BUILLAL 12-6-60 CERT HI	11 Cemetery Suitland	Mal.				
2	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wast		Chilling S. Kinha				

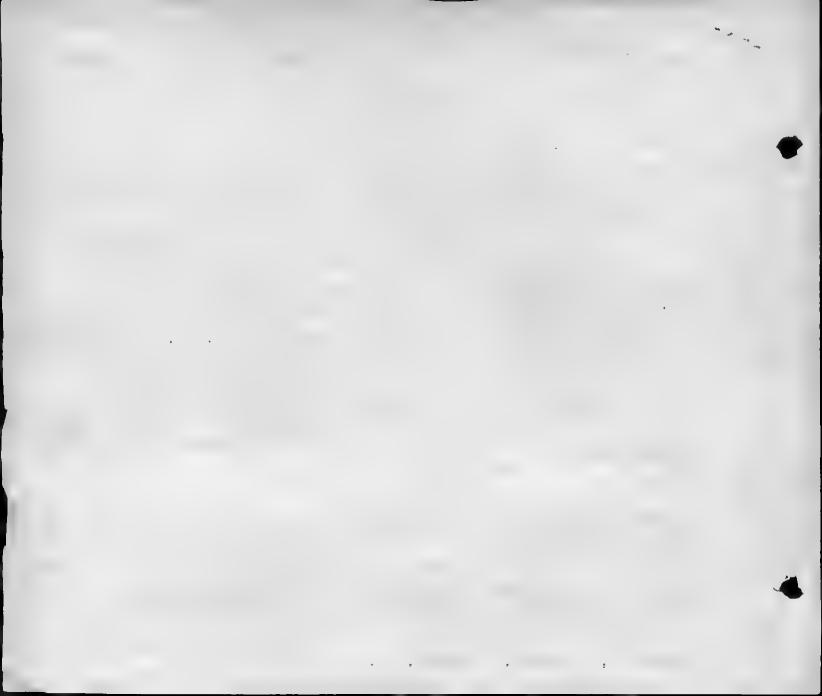
may be retained. If the haspital or altending physician.

TO FUNERAL DIRICITY: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 the State Board of Health prior to burial, crematian, or remayal, and in any event, within 72 hours ofter death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL VR A15 (4) 15M 9/59

the funeral director, shayle be filed with



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Resident . COUNTY Montgomery ector, Page Health, . STATE New Jersey **b** COUNTY director, Page or your files. MARYLAND b. CITY OR TOWN (if outside corporate I m ts, . c. LENGTH OF STAY IN 16 c. CIY OR TOWN (If outs de corporele limits, write RURAL and give naarest town. wr to RURAL and give nearest town) ö 10 days Bethesda East Orange MAKAPAPAPAK-Ворги for d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d STREET ADDRESS IS RESIDENCE ON A FARM? 13 Academy Street Clinical Center, NIH refained YES TO NO State 3. NAME OF 4. DATE M.ddle and be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with four TM3. Page 5 may be retabulateransit permit File pages 1 and 2 with the Spoyel, and its any even. DECEASED OF Willie (Type or print) Robinson DEATH December 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 1 8. DATE OF BIRTH AGE (In years of UNDER 1 YEAR IF UNDER 5. SEX last birthday) Months Days Male Negro WIDOWED [D. VORCED Oct. 6. 1925 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Heavy Laborer New Jersey U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Will Robinson Maggie Hendley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown, (Hyesgive wer or deles of service) U.S. Army, WWII Not avail. Patient 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) w's Office along was a buriel-transit p INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Traumatic Aortic Insufficiency, Post-op. 6 months IMMED ATE CAUSE (e) DUE TO certificate should Conditions from which (6) gave rise to immediate course "pending" Examiner's DUE TO (e), steting the underlying 80 nsed ů, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19, WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical EVINERAL DIRECTOR. cremati YES X NO T forwarded to the Chief Medical L DIRECTOR: Page 3 should b 200. EXTERNAL CAUSE WAS PRIMARY ALL OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I, of Item 18.) CAUSE OF DEATH. Chest crushed while unloading heavy box 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c TIME OF INJURY Month, Day Year (State) Not While _ fectory, street, office bldg., etc.) While Hour a.m. Appr. May 1960 of work of work Unknown Unknown 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inspection Inquiry and in my op nion Accident X Undetermined manner death resulted from. Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER | designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEPL 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (State) REMOVAL (Specify) 8 Q40 al al 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR DEC 1 5 '60 VS. A15ME _othesda. Robert A. Pumphrey, 5M 7/59



VR ATS [4] TSM 9/59

death Page 4

MARYLAN	ND STATE	DEPARTM	ENT OF	HEALTH
ION OF STATISTIC	CAL RESEARC	H AND RECORDS	BALTIM	ORE 1. MARY

	DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MARYLAND							
	14180 CERTIFICA	ATE OF DEATH						
1	PLACE OF DEATH COUNTY MENT + GIMMENT MARYLAND	2 USUAL RESIDENCE (Where deceased I'ved. If institut an Residence before admission) a. STATE Area Tana Tana Tana Tana Tana Tana Tana Ta						
	CLITY OR TOWN (If outside carparate limits, write of LENGTH OF STAY IN 16 RURAL and give negret to 17	c CITY OR TOWN (Heylside carpgrate limits, write RURAL and give nearest town)						
	or Institution The hundred address of the street address of the s	d. STREET ADDRESS 14424-HosedalaLe. Auto YES NO						
	NAME OF PICE ASED Type or print) Mary Alice	Last 4. DATE Month Day Year OF DEATH Live, 3/ 1960						
5	6. COLOR OR RACE TO MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (In years last birthday) Months Days Hours Min 7, yrs.						
100	. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDIducing most of working life, even if retired)	Houtsdale, Fr. U.J. A.						
13.	FATHER'S NAME Lolen Bizdes	14. MOTHER'S MAIDEN NAME						
15. [Ye	WAS DECEASED EVER IN U. S. ARMED PORCES? NO or Johnson III yes. give wor or dates of service) None 17.	NFORMANT Addrew Transporting						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, if ony, which gave rise to immediate DUE TO	siterior 14 year						
z	lying cause last. (c)	JT NOT RELATED TO THE FERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY						
IFICAT ON		PERFORMED? YES NO P						
AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)						
MEDICA		PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State, actory, street, affice bldg., etc.)						
	21 I certify that (I) (this hospital) ottended the deceosed from sow the deceosed olive on 12: 31 1962, and that	death occurred at 22 M, from the couses and on the date stated above						
	220. SIGNATURES ACCEPHYS CANS 720 PHYS CANS	M.D. ATTENDING MED STAFF PHYS SIGNED 22b. DATE 51GMED 7. 22d ADDRESS						
	NAME (Type) Michel M. Healy	5523 Trent St. Chevy Chase, Md.						
230		nce Cemetery Houtzdale, Penna.						
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
	Robert A. Pumphrey Bethesda, Ma	arvland partel 3 '61 Cuthur & thous						



TO HOSPITA

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14190	CERTIFICA	TE OF DEATH		14146
1	1. PLACE OF DEATH Q. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Virginia	ere deceased lived. If institution b COUNTY WILL	Residence before admission)
)	b. CITY OR TOWN (If cutside corporate limits, write RURAL and give negrest town) Bethesda (Rural)	c. LENGTH OF STAY IN 15		outside corporate limits, write RUI	
	d NAME OF HOSPITAL (If not in hospito, give street of NSTITUT ON U. S. Naval Hospital		d STREET ADDRESS	MCS 5	e IS RESIDENCE ON A FARM? YES NO
	3 NAME OF First DECEASED (Type or print) John	Middle Lawrence	ROONEY	4. DATE Month OF DEATH Decemb	
	Male Caucasian WIDOWE	Martin	12-14-51	lost birthdoy) 9 yrs	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Nebraska		USA
	JOHN THOMAS ROONEY IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL SECURITY NO. 117 IN	Lucinda VA		**
	[Yes, no, or unknown] [If yes, give wor or dotes of service] 18. CAUSE OF DEATH [Enter only one couse per lin	Ja	ohn Thomas RO		antico, Va.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under- lying cause last. CAUSE (c) DUE TO Couse (c), stating the under- (c)	Interiory Laukerin	toperior Toperior Toperior Toperior NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	ONSET AND DEATH THE PROPERTY TO SET OF SET
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of Item 18)	
	A Hour o.m. While	NJURY OCCURRED 20e. PL Not while t at work	ACE OF INJURY Illiome, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
1	21 I certify that XX (this haspital) attends as the deceased alive an Dac 24. 220 SIGNATURE 220 PHYSICIAN S NAME (Type) L. G. THORNE, L.	19_60 , and that c	M D PHYS Di	To Dec. 24 M. from the couses and STAFF X PHYS X 1 Hospital, Bet	an the date stated above 22b. DATE SIGNED
	23g Burial CREMATON, 23b DATE THEREOF Burial 28 December 6	23c NAME OF CEMETERY OF CArlington Nat:	R CREMATORY	23d LOCATION (City town, or	
	24, FUNERAL DIRECTOR'S SIGNATURE	2 ADDRESS	250. REC'	D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE



IVÎ

VR A15 (4) 1SM 9/59

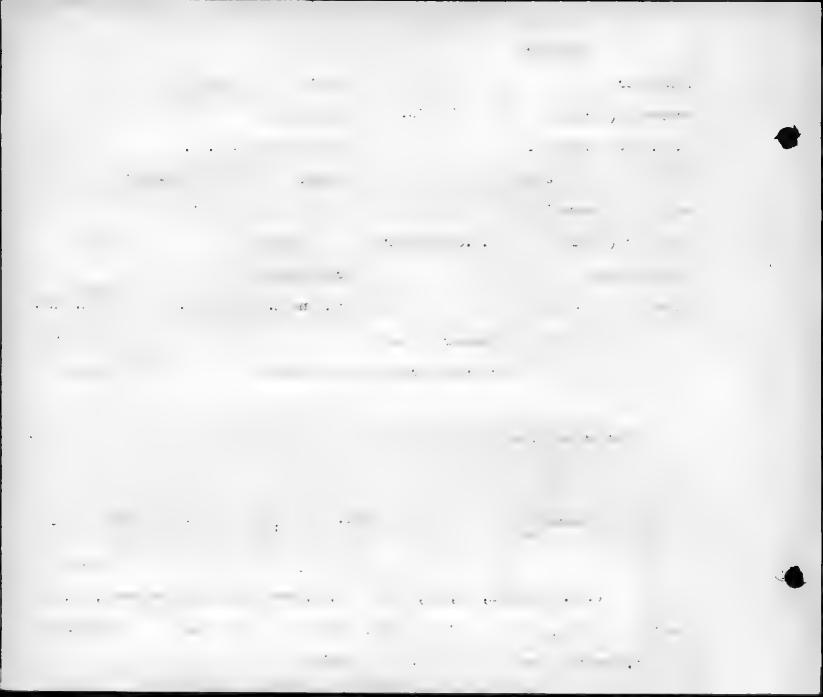
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

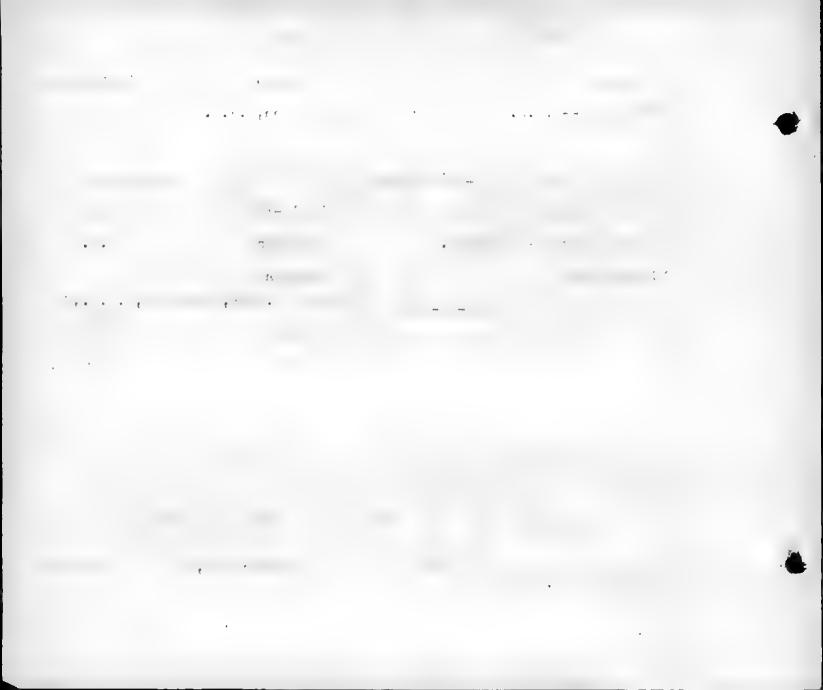
CERTIFICATE OF DEATH 14191

14147

1 PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (WI		ion: Residence before admission)				
Montgomery	District of Columbia							
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF	utside corporate limits, write	RURAL and give nearest town)				
Bethesda (Rural)	35 min.	Washington		4-1				
d. NAME OF HOSPITAL (If nat in hospital, give street of OR INSTITUTION	(ddress)	d STREET ADDRESS		a IS RESIDENCE ON A FARM?				
U. S. Mayal Hospital		1709 D. St	reet, N. B.	YES NO 🔃				
3 NAME OF First DECEASED	Middle	Last	4. DATE Mo	nth Day Year				
[Type or print] Jacob		ROSENBERG	DEATH Dece	ember 8 1960				
S. SEX 6. COLOR OR RACE 7- MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthday)	Months Days Hours Min.				
Male Caucasian WIDOWE	D DIVORCED	2-24-92	68 yrs					
10a USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if_retired)	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?				
	S.Coast Guard	Illino	is	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME					
Max Rosenberg		Sarah SINGM	AN					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) [(If yes, give wor or dates of service)	OCIAL SECURITY NO 17	NFORMANT	Ade	dress WashDC				
Yes WWI - WWII	(V	V) Mrs. Amn L	Rosenberg, 5	812 7th St., NW,				
18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c)]			NTERVAL BETWEEN ONSET AND DEATH				
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pul	nonary edena			1/2 hr.				
420.0 DUE TO								
Conditions if ony which)	eriosclerotic	beaut diagram		vears				
Conditions if only which I for ME-D	CTITOPCIETOGIC	DERLY STREET		ACOTA				
gove rise to immediate	erioscierocic	neart disease		years				
gove rise to immediate couse (a), stating the under-	erioscierocic	neart diseas	3	years				
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO				VEN IN PART 1(0) 19 WAS AUTOPSY				
gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO								
gove rise to immediate couse (a), stating the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. Diabetes mellitus		NOT RELATED TO THETERM	nal disease condition gi	VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?				
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pove rise to immediate couse (a), storing the under: lying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS COUNTY Diabetes mellitus 20a ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRE	NOT RELATED TO THETERM D (Enter noture of injury in ACE OF INJURY (Home form	NAL DISEASE CONDITION GI	VEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?				
pove rise to immediate couse (a), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes sellitus 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRE BURY OCCURRED 20e PL Not while	NOT RELATED TO THETERM D (Enter noture of injury in	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 13				
PART II. OTHER SIGNIFICANT CONDITIONS CO PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes mellitus 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTION OF CONTRIB	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRE BURY OCCURRED 20e PL Not while for	NOT RELATED TO THETERM D (Enter noture of injury in ACE OF INJURY (Home form clory street office bidg., etc.)	Port I or Part II of Item 1B)	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (County) (State)				
PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. Diabetes mellitus 20a ACCIDENT WAS UNDERLYING 20b DESC. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN Hour o m p. m 19 While of work 21 certify that ()	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED BURY OCCURRED Not while of work ed the deceased from	NOT RELATED TO THETERM D (Enter noture of injury in ACE OF INJURY (Home form clory street office bidg, etc.)	Port I or Part II of item 18)	VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO (2) (County) (State)				
PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. PART II. OTHER SIGNIFICANT CONDITIONS CO. Diabetes mellitus 20a ACCIDENT WAS UNDERLYING 20b DESC. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN Hour o m p. m 19 While of work 21 certify that ()	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED BURY OCCURRED Not while of work ed the deceased from	NOT RELATED TO THETERM D (Enter noture of injury in ACE OF INJURY (Home form clory street office bidg, etc.)	Port I or Part II of item 18)	(County) (Stote) (County) (Stote) (Stote)				
pove rise to immediate couse (a), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COUNTY OF CONTRIBUTIONS COUNTY OF COUNTY	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED BOT WORK Of Work Color PL For one work Color PL For one work A color PL For one work For one work A color PL For one work For one work A color PL For one work For one work A color PL For one work A color PL For one work For one work A color PL For one work For one work For one work A color PL For one work For one wor	D (Enter noture of injury in ACE OF INJURY (Home form ctory street office bidg, etc.)	Port I or Part II of Item 1B.) 20f (Crty or town) Dec. 8 M, from the causes a	(County) (Stote) (County) (Stote) 19.60, that (I) (20) last and an the date stated abave 276 DATE 25 GNED				
pove rise to immediate couse (a), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes mellitus 20a ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN Hour om 19 while of work 21 I certify that (I) the second attended saw the deceased alive on Dec. 8 22c Hys.C.AN'S	RIBE HOW INJURY OCCURRED Not while of work 20e PL for one of the deceased from 19.60, and that contains the contains th	D (Enter noture of injury in ACE OF INJURY (Home form ctory street office bidg, etc.)	Port I or Part II of item 1B.) 20f (Crty or town) 1 Dec. 8 M, from the causes a	(County) (Stote) (County) (Stote) (Stote)				
pove rise to immediate couse (a), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. OR CONTRIBUTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN While of work 21 I certify that (1) the control of t	INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT 20e PL for of work ed the deceased from 19 60. and that contains the second second from	D (Enter noture of injury in ACE OF INJURY (Home form ctory street office bidg, etc.) Dec. 8 Jeath accurred at ATTENDING PHYS D 22d ADDRESS	Port I or Part II of Item 18.) 20f (Crty or Iown) Dec. 8 M, from the causes a	(County) (State) (County) (State) (County) (State) 19.60, that (I) (1) last and an the date stated abave S GNED 12-9-60				
PART II. OTHER SIGNIFICANT CONDITIONS CO PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes mellitus 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 19 While of work 21 I certify that (I) because afterded saw the peceased alive on Dec. 8. 22c PHYS.CAN'S NAME (Type) E STITCHER. 23c BURIAL CREMATION, 23b DATE THEREOF	INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT INTRIBUTING TO DEATH BUT 20e PL for of work ed the deceased from 19 60. and that contains the second second from	Dec. 8 Meath accurred at ATTENDING MAD PHYS DEC. S. Nev.	Port I or Part II of Item 1B.) 20f (Crty or town) Dec. 8 M, from the causes a	(County) (Stote) (County) (Stote) (County) (Stote) (Stote) (County) (Stote) (Stote) 12-9-60				
pove rise to immediate couse (a), storing the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CO. OR CONTRIBUTION I 20b DESC. OR CONTRIBUTION I CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN While of work 21 I certify that (I) the control of the c	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED BURY OCCURRED Of work of work 20e PL for ot work 21. 19. 60, and that of 22. LT. NC. LIST 23c NAME OF CEMETERY O	Dec. 8 Jeath accurred at ATTENDING PHYS Dec. ATTENDING PHYS Dec. Beath accurred at ATTENDING PHYS Dec. Beath accurred physical Physics Phys	Port I or Part II of item 18) 20f (Crty or lown) 1 20f (Crty or lown) 20f (Crty or lown) 1 20f (Crty or lown) 20f (Crty or lown) 20f (Crty or lown) 21 4 5 6 6 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7	(County) (Stote) (County) (Stote) (County) (Stote) (Stote) (Stote) (County) (Stote) (Stote) (Stote) (Stote) (Stote)				
PART II. OTHER SIGNIFICANT CONDITIONS CO PART II. OTHER SIGNIFICANT CONDITIONS CO Diabetes mellitus 200 ACCIDENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d IN Hour om 19 While of work 21 I certify that (I) because aftended at the deceased alive on Dec. 8. 22c THYS.C.AN'S NAME (Type) B. STITCHER. 23c BURIAL CREMATION, 23b DATE THEREOF	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED BURY OCCURRED Of work of work 20e PL for ot work 21. 19. 60, and that of 22. LT. NC. LIST 23c NAME OF CEMETERY O	Dec. 8 death accurred at ATTENDING PHYS 22d ADDRESS U. S. Nev	Port I or Part II of item 1B.) 20f (Crty or lown) 20f (Crty or lown) A, from the causes a ED STAFF RECTOR STAFF PHYS 23d LOCATION (Crty, lown, Oxon Hill	(County) (Stote) (County) (Stote) (County) (Stote) (County) (Stote)				
pove rise to immediate couse (a), stoting the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS COUNTY TO THE CONDITIONS COUNTY TO THE CONTRIBUTION OF CONTRIBUT	ONTRIBUTING TO DEATH BUT RIBE HOW INJURY OCCURRED Start Occurred of the deceased from	Dec. 8 Dec. 8 Heath accurred at ATTENDING MD PHYS R CREMATORY 250 REC.	Port I or Part II of Item 1B.) 20f (Crty or town) Dec. 8 M, from the causes a ED STAFF RECTOR STAFF PHYS STAFF PHYS STAFF PHYS STAFF 23d LOCATION (Crty, town, Oxon Hill D BY REGISTRAR 25b REG	(County) (Stote) (County) (Stote)				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Her death, Page 4

A ATTENDING PHYSICIAN: The low requires that the death certificate be ellecuted within 24 hay

TO HOSPITA

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14193 CERTIFICATE OF DEATH

Reg. Dist. No. 14149

1. PLACE OF DEATH			ere deceased lived. If institu	ition Residence before o	odmission)
Montgomery	MARYLAND	Bew Yor	k State b. COUNT	YLong Islan	d 🗸
b. CITY OR TOWN (If autside corporate limits, write c LEN RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limits, wrîte	RURAL and give neares	town}
B ethesda		Jamaica, Lo	ng Island		
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION)	d STREET ADDRESS	1		S RESIDENCE ON A FARM?
Suburban Hospital		8715 165th S	St. f.		ES NO
3. NAME OF First	Middle	Last		anth Day	Year
(Type or print) Leonard W. Rutledg	te '	*	DEATH Dec.	14	19 60
5 SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF	
M WIDOWED	DIVORCED	6/23/95	lost birthday)		lours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND C during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of		12. CITIZEN OF WI	
Coxtractor Photographer-1	cet	Venns	ulvania	Le S	14
13. FATHER'S NAME	- And Joseph Company	14. MOTHER'S MAIDEN N.	AME		
Martin Rutledge		Mary Le	eonard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO.	FORMANT 6		Idress	
(If yes, give wor or doles of service) Wexican None	2 77	homes I. Mc	Con - 9606	Seng below	. Depense
18 GAUSE OF DEATH [Enter only one cause per line for (c		7			AL BETWEEN
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)	TOXEM 17	n	A	ONSEL	AND DEATH
LA V DUE TO	<u> </u>	,		1	9
Conditions, if ony, which)	stantales	Circum	•	2	MO.
gove rise to immediate	3				,
couse (o), stating the under Due 10	um Cor	comm	ectra	6	MO
Z PARE II. OTHER'S GNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE CONDITION G	IVEN IN PART I(a) 19.	WAS AUTOPSY
PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIL					PERFORMED?
# 200 ACCIDENT WAS LINDERLYING (7 20b DESCRIBE H	IOW INJURY OCCURRED	(Enter noture of injury in P	art or Port II of item 1B)		
OR CONTRIBLTING (CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
3 20c TIME OF INJURY Month, Day, Year 20d INJURY	OCCURRED 20e. PLA	CE OF INJURY (Home form,	20f. (City or town)	(County)	(State)
	lat while	tory, street, office bldg., etc.)			
21. I certify that I attended the deceased fro		. 195 9. ta	V/84 13 106	_,that I last saw t	
1 12 00 /		accurred at 1	,	_, mar i last saw ii	ue deceasea
alive an Deuts	_, dng zhar dealh		M, fram the causes of MDDRESS (Street city or tow		DATE SIGNED
ACTUAL	nod	nalle.	VIJCONSIN		1146
SIGNATURE O GYUYNY	7000	W.D	01001010	74.4	2-/
PHYSICIAN'S LEO I DON	IOVAN M	' e	BETHELDA	MO	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. I	NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, town	, or caunty)	(State)
Bur-Transir 12/17/60 St	. Lawrence	e Cemetery	Savville.	L.I. New	York
23. FUNERAL DIRECTOR'S SIGNATURE A	DDRESS	24a. REC'D	BY REGISTRAR 246 REG	GISTRAR'S SIGNATURE	
Rabert A. Pumphrey Reth	nesde Mer	ovland DATE	DEC 2 0 '60	Children S. Thron	44



1SM 9/59

USUAL RESIDENCE (Where deceased I yet If institution Residence before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 1900 December IF UNDER I YEAR IF UNDER 24 HRS Months Hours 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Joseph A. Ryan, 4945 Deal Dr., Washington 21,D.C INTERVAL BETWEEN ONSET AND DEATH HOULS PERFORMED? YES NO | (Stole) (County) December 19 60, that (I) (ICAK) lost M, fram the causes and on the date stated above.

22b DAIF SIGNED

23d LOCATION (City down or county)

256, REGISTRAR'S SIGNATURE

Onthur S. Kines

(Stote)

5.

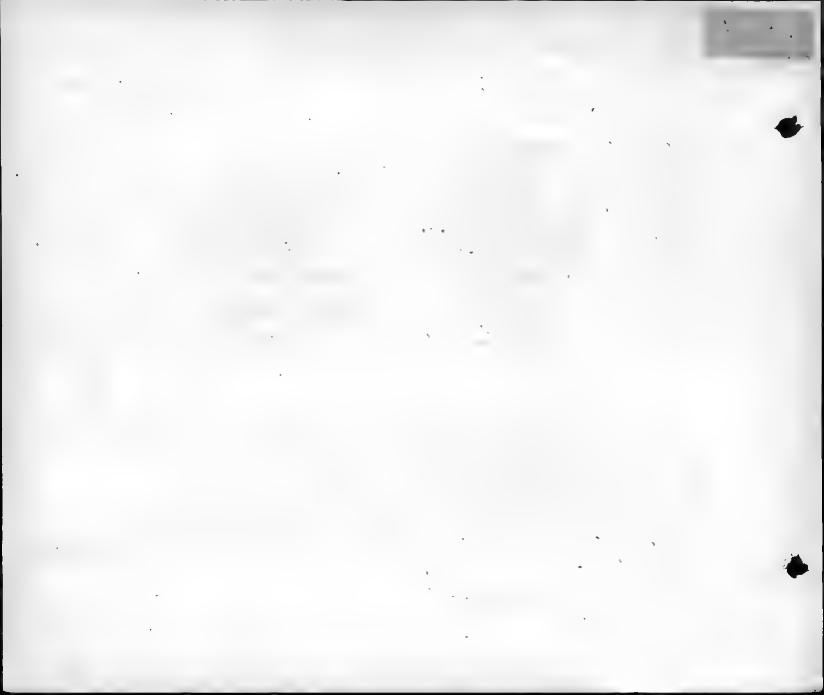
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1

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution, is time to admiss on) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY Maryland MARYLAND 0 N by the and death b. CITY OR TOWN (Juts de corporete limits, c. CITY OR TOWN (If outs de corporete I m ts, write RURAL end g velgearest town E LENGTH OF STAY N 16 write RURAL and give neerest town) Koma d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) . IS RES DENCE ON A FARM? YES NO K 3 NAME OF DECEASED OF (Type or print) DEATH 19 9. AGE (In your IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleriz 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please and in a Charles and 15011 Then p 16. SOCIAL SECURITY NO. 1 17, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? J'es, no, or unkown) | (If yes give wer or dates of service) W.S. Hospita 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, Which (b) gave rise to immediate cause DUETO (e), stoting the underlying PART II. OTHER S GN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE COND TION GIVEN IN PART II. 19. WAS AUTOPSY 200 ACCIDENT WIS UNDERLYING 2005, DESCRIBE HOW INJURY OCCURED, TENTOR NEUTRO OF MILLY IN PORT TO PORT IN 18 1 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm 20f. (City or town) (State) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) ! While Nat While et work et work 21 I certify that (I) (this hospital) attended the deceased from 22, 1960 to 12, 1960, that (I) (we) last 22b. DATE 22e. SIGNATURE SIGNED 960 D RECTOR PHYS. MD PHYS. death. Page 4 O FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, pe filed w 1230 NAME OF CEMEJERY OR CREMATORY 230. BURIAL, CREMATION, Burnal 256. REC'D BY REGISTRAR 256. REGISTRAR'S, SIGNATURE VR A15 (4) 15M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



and 2 should be filed with in by the funeral directar, death Page ATENDING PHYSICIAN: The law requires that the deoth certificate be executed may be retained by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and admit page 3 should be detached for use as the burial-transit permit. Then please remaye carbon page the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 house. TO HOSPITAL VR A1S (4) 15M 9/59

1. PLACE OF DEATH a. COUNTY Montgomery MARYL	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE MARY HAS COUNTY Months & STATE
b CITY OR TOWN (If autside corporate fimits, write RURAL and give nearest town) Wheaton	IN 1b COTY OR TOWN (If autiside corporate limits, write RURAL and give nearest town) Silver - Springs
d. NAME OF HOSPITAL (If not in hospital, give street altoless) OR HISTITUTION Wheaten HURSing Heme!	125 E. Wayne Ave. Ap1.512 ON A FARM? YES NO IN
3. NAME OF DECEASED (Type or print) CONCY Thomas	SHULLINGERS OF DEATH DIC 26 1960
S. SEX 6. COLOR OR RÁCE 7. MARRIED NEVER MARRIED NEVER	C IC I VOA lost biethday Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF during most of two principal life, even if refired)	Unginia
13. FATHER'S NAME Charles Williams	Katheryn Sacks -
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes., no. or unknown) (Yes., no. or unknown) (Yes. give wer or dates of service) 220-34-8350	Donothy Sunt muyers Same #2
PART I. DEATH WAS CAUSED BY: DUE TO	CHACH E METASTASES CHONSET AND DEATH
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? YES NO 1/2
20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED (Enter nature of injury in Part I or Part I of item 18.)
Y 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 at wark at wark at wark	20e PLACE OF INJURY (Hame form, 20f. (City or town) (County) (State factory, street, affice bldg., etc.)
21. I certify that () (this haspital) attended the deceased is saw the deceased alive on 12:30 19:00, and 22a Shatter R	from 12.20 , 19.40, to 12.26 , 19.40, that (1) (we) last that death occurred of 130M, from the causes and on the date stated above M D PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR N.W. Wash. 15, D.
REMOVAL (Specify)	TERY OR CREMATORY 23d LOCATION (City, town, or county) (State, 1 Cemetery Montgomery County, Md.
The S.H. Hines Co. 2901 14th St.	Now DADEC 29'60 Contain & Manager 29'60



1 A FOR STATE HEALTH DEPT.

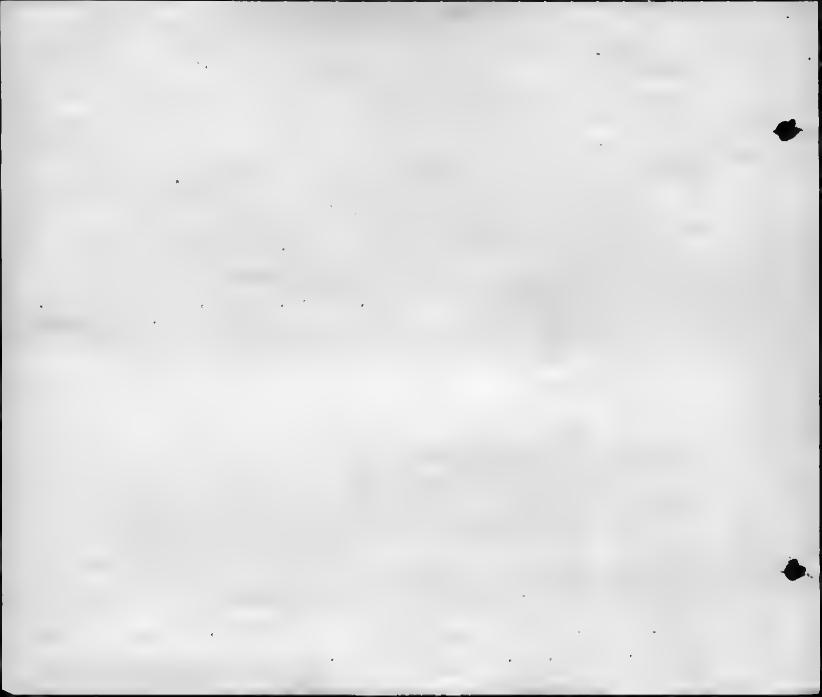
TO DEPUTY XIEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any de. Ancessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your clies.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Board-off-Health, or its designated agent, prior to burial, cremation, or removal, and in any agent within 72 hours after-death. VS. A15ME 5M 7/59

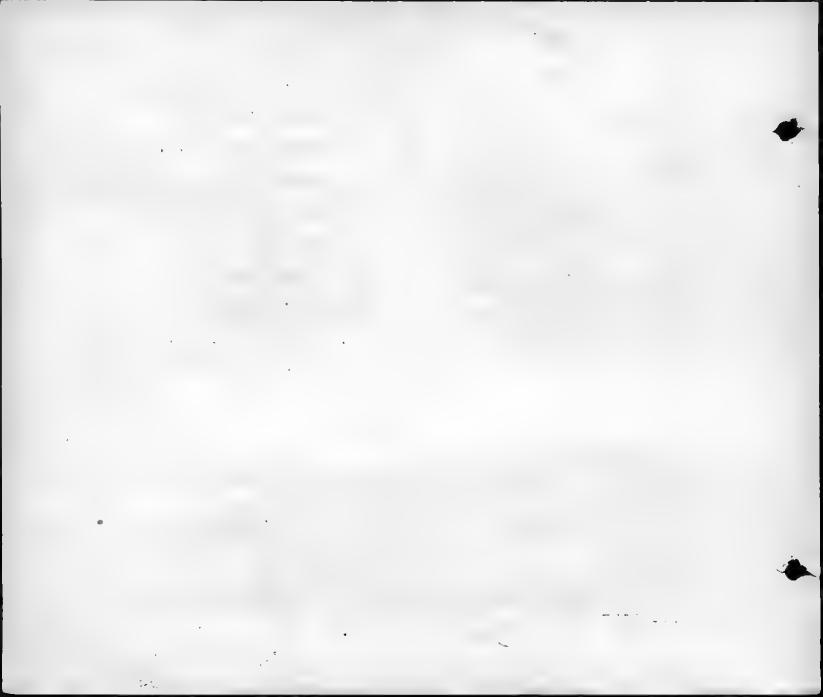
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Intiliution: Residence before edited)

=		× ^ ~				. 工工进口证 。		
	PLACE OF DEATH O. COUNTY MON	TGOMERY	MARYLAND	2. USUAL RESIDI	b. COUN	nstitution: Residence before admission) TY		
_		outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOW	c. CITY OR TOWN (If outside corporata I mits, write RURAL and give nearest town)			
	SILVER SPI	give nearest town) RING	1 day	HAMBI	IIRG	15 4 1		
			haspital, give street eddress)	d STREET ADDRE		5 RESIDENCE		
		-WEST HIGHWAY			RHUDER KAI	YES NOX		
3	NAME OF DECEASED (Type or print)	GERTRUDE	Middle E ELISE HENRIETT	E SAUER	4. DATE Month OF DEATH DEC.	Day Year 20 19 60		
5	SEX .	6. COLOR OR RACEL	ADJUNE ALABAMA TI	8 DATE OF B.RTH		IF UNDER 1 YEAR IF UNDER 24 HRS.		
	5EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 DATE OF B.RTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 24 HRS. FEMALE WHITE WIDOWED DIVORCED 3/15/01 59 yrs. Months Days Hours M.n.							
102	SUSUAL OCCUPATION	ON (Give kind of work 10 king life, even if retired)	L. KIND OF BUSINESS OR INDUST	TRY , 11 BIRTHPLACE (St	ale or foreign country)	12, CITIZEN OF WHAT COUNTRY?		
_	HOME MAKER	ring his, even if isilisely	OWN HOME	HAMBURG	1	GERMANY		
13.				14. MOTHER'S MAID				
	HEINRICH	PAYSEN		1	GLASHOFF			
		R IN U.S. ARMED FORCES? yesgivewarordatesoftervica)	16 SOCIAL SECURITY NO. 17. Mr		Baughams, 1840	East-West Hwy.		
	18. CAUSE OF DE	EATH [Enter only one cause	per line for (a) (b), end (c).]		. Silver Spring	, Mary LandaL BETWEEN		
	PART I. DEATH	WAS CAUSED BY:	A	teluser	~	ONSET AND DEATH		
	FF 7 6	MMEDIATE CAUSE (a) 📞	recourse of			muceu		
	, -	TO DUE TO	1					
	Conditions, if eny,	1-7	¥	_	-			
	(a), stating the un	> DUE TO				1		
	cause last.	(c)						
S S	PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION GIVE	N N PART 1 . 19. WAS AUTOPSY PERFORMED?		
CATION						YES NO X		
CERTIFIC	20a. EXTERNAL CAP PRIMARY ☐ or CON CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURED.	(Enter nature of Injury In	Part I or Part II of Ilem 18.)			
¥		Month, Day, Year 2	Dd. INJURY OCCURRED 20s. PL	ACE OF INTERV (Home	term 201 (City or town)	(County) (State)		
S	Hour a.m.	V	VhileNot While fe	ctory, street, office bldg.,		(518.6)		
Z	p.m.	12 1	work et work					
	21. I certify that	at I took charge of the	remains described above, !	neld an Autopsy	Inspection K, Inquiry	and in my opinion		
death resulted from. Natural causes 📈 Accident 🗍, Suicide 🗍, Homicide 🔲, Undetermined manner 🗍								
		1.	Λ	CHIEF MEDICA	AL EXAMINER 🔲			
	ACTUAL SIGNATURE	Joans Col	montant	M D. ASSISTANT N	AEDICAL EXAMINER	DATE SIGNED		
	EXAMINER'S NAME (Typa)	FRANK J. BE	ROSCHART		CAL EXAMINER (X)	12-20-60		
228		N, 226. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, lown,	or country) (State)		
TI	REMOVAL (Specify)	RTAL 1/5/61			HAMBURG. GERMA	NV		
_								
23	. FUNERAL DIRECTOR		ADDRESS	24a 1	REC'D BY REGISTRAR 245. REG			
W	FUNERAL DIRECTOR	MPERIX JING.	ADDRESS SILVER SPRIN		REC'D BY REGISTRAR 246, REG			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 14197 CERTIFICATE OF DEATH director I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY å o STATE **b** COUNTY MARYLAND MONTGOMERY D.C. 更 funera! b CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) TO BETHESDA davs WASHINGTON d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 4 P YES NO T SUBURBAN 3299 Arcadia Place 2 Ĉ 4. DATE OF DEATH NAME OF First Middle Last Month Year Doy P P DECEASED Poges (Type or print) deoth WALTER SCHMTTT DEC 60 臣 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9 AGE (In years MARRIEDE NEVER MARRIED lost birthday) ofter Manths Doys Hours WIDOWED [DIVORCED [63 YIS MALE /97 ā 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? haurs 11 BIRTHPLACE (Stole or foreign country) Daba during most of working life, even if retired) puo pou Retired NEW YORK U.S.A 2 J3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME S 50 within physici ROBERT F PARST remove 17 INFORMANT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Blanche Schmitt S_ABOVE F 5 YES WORLD WAR edse altend INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO ģ, Conditions, if only which gned gove rise to immediate **DUE TO** cause (a), sloting the underphysician. lying couse lost burnal-transit been CERTIFICATION PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL CONDITION GIVEN IN PART 1(6) 19, WAS ALTOPS) cremation, PERFORMED? has NO [attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of stem 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20d INBURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or fown) (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while p, m at work at work Affer 60 to 1126.11 .. 1960, ahat (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from Market Dand that death accurred at P. M. from the causes and on the date stated above. Health saw the deceased alive an by the i detach FUNERAL DIRECTOR: age 3 shauld be detact 22a 5 GNATURE 22b DATE S GNED ATTENDING MED 5 MD PHYS Board 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) ROBERT 23a BURIAL AREMATION 4 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) page the Sk - REMOMAT GOT BY 60 Nat Cemetery Arlington, hurial 10 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15 (4) Cilling & France 1SM 9759



VR A1S (4) 1SM 9759

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MADVIAND STATE DEDADTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH A	ND RECORDS — BALTIMORE 1, MARYLAND
14054 CERTIFICA	TE OF DEATH 14156
PLACE OF DEATH O COUNTY MUNICIPALITY MARYLAND	2. USUAL RESIDENCE (Where deceased I ved If institution Residence before admission) a STATE B. COUNTY // 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
b CITY OR TOWN (If puls de corporate limits, write RURAL and give nearest sown)	c CITY OR TOWN (If autside carparate imits, write RLRAL and give nearest tours)
d NAME OF HOSPITAL (If not in hospital, give street oddress) or MSTITLLIAN AUZGELLL AUZGELLL	7402 Carrell au es no
3. NAME OF DECEASED (Type or print) LOTA LOTAL FERN SC	hofield 4. DATE Month Day Year Los
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS If U
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- dying, most of working life, even if refired) BALUY BALU	STRY 11. BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME. H- Waldwin	14 MOTHER'S MAIDEN NAME OF
15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war or dates of service)	Washington Sometimen of Hopetus.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH

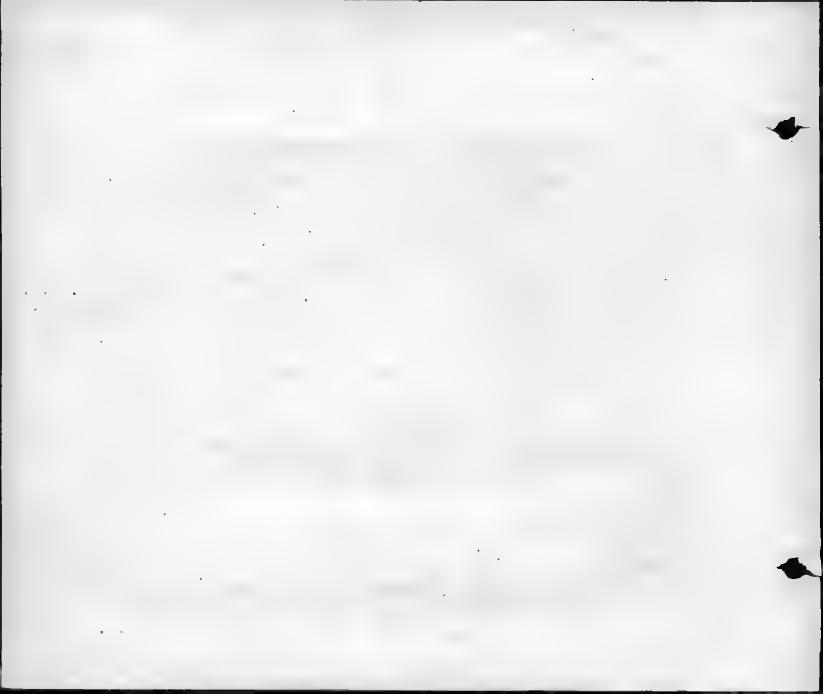
	OFFICE SCHOTIELD DEATH 12 - 14 1960
	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years life UNDER 1 YEAR IF UNDER 24 HRS lost birthday) WIDOWED 1 DIVORCED 1 1-3-87 Individual Months Doys Hours Min
)a	1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? URLL LICENSE LICENSE WHAT COUNTRY? URLL LICENSE LICENSE WHAT COUNTRY?
3.	William H- Waltung Existen Reg
re-	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT No. or unknown If yes, give war or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address Address Address Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 10 Cardial Tufart Tufart Tufart The part is the property of the property of the part is the p
	Conditions, if ony, which (b) artaiosclaratic Carborosclaration
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO (c)
	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 17. WAS AUTOPSY PERFORMED? YES NO
	206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. P. m 19 of work
	21 1 certify that (I) (this haspital) attended the deceased fram October 24, 1960 that (I) (we) last saw the deceased alive an De C. 13.1960 and that death accurred of 3M, from the causes and an the date stated above.
	220 SIGNATURE Poris Roblein ATTENDING MED STAFF DIRECTOR PHYS DOC 14, 1960
	22c. PHYSICIAN'S NAME (Type) BORIS RABKIN 1019 Unique Buyl. S. S. Md.
10	BURIAL CREMATION 236 DATE THEREOF, 23c NAME OF CHMETERY OR CREMATORY 23d LOCATION (City fown, or country) ISLOCATION (City fown, or country) (City fown) (City fown, or country) (City fown) (City fown) (City fown) (City fown) (
r	FUNERAR DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 256 REC'D BY REGISTRAR'S SIGNATURE LILLIAN WILL WILL 254 CANALL DEC 1 9'60 DATE DEC 1 9'60



VR A1S (4) 1SM 9759

	MARYLAND STATE DEPARTMENT OF HEALTH
17000	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
74019	CERTIFICATE OF DEATH

ı	7.4010	CERTIFICA	IE OF DEATH		1/157
ſ	1. PLACE OF DEATH		2 USUAL RESIDENCE (Where decease	ed lived. If institution, Residen	ce before odmission)
	· COUNTY MONTGOMERY	MARYLAND	o. STATE	b. COUNTY	,
ł	b CITY OR TOWN (If outside corporate limits/write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp	orate limits, write RURAL and	gi- nearest lawn)
	RURAL ond, a ve nearest town) KENSIN 4TON	1/27ncs	WASh.	D.C.	47 x 2
A	d NAME OF HOSPITAL (If not in haspital, give street of QR INSTITUTION		d. STREET ADDRESS	NULT	6. IS RESIDENCE ON A FARM?
	KENSINGTON SARGEN	15 MAN.	5603-21	07.	YES NO X
	3. NAME OF DECEASED (Type or print) E/EANO	Aliddle S	losi 4. DATE OF DEATI	Month H / 2	3/ 1%0
ľ			B. DATE OF BIRTH	9. AGE (In years IF JNDER	TYEAR IF UNDER 24 HRS
1	F WIDOWE	74	Feb 24, 1891	lost birthdoy) Months	Doys Hours Min.
	10a USVAL OCCUPATION (Give kind of work dane 10b during most of working life, even if refired)	KIND OF BUSINESS OR INDUS	4		ZEN OF WHAT COUNTRY?
	Defenise Dept.	GCU1.	1/155001	21	1/5/1
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	0	
	ROBERT A SHANN	101	CATHERINE	JRIFF17	-h
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yes, no. or unknown) 1 (If yes, give wor or dates of service)		FORMANT	+ 560° 2r	d St. N.W.
	NO	no A	ldora S. Schmid	Washing	
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and, (c).}			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	pretrat	Muntosa	Ö	3 en fro
	DUE TO	2		*	
	Conditions, if any, which) (6)	retral an	toricscleres	2	15 mgro
	gave rise to Immediate DUE TO				
	lying couse lost. (c)				
		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE COND TION GIVEN IN PAR	T I(o) 19 WAS AUTOPSY
	ICATE				PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	ort II of item 18)	
	S 20c TIME OF INJURY Manth, Doy, Year 20d If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (C.	ty or town) (6	County) (State)
	20c TIME OF INJURY Manth, Doy, Year 20d In Hour o. m. While at war!	1101 #1116	tory, street, affice bldg., etc.)		
	21. I certify that (I) (this hospital) attend		May 1060 10	Dec. 3/ 196	O that (I) (we) lost
	saw the deceased alive on Dec 2			the course and on the	date stated above
	270 SIGNAPURE	7		THE COURCE ON THE	22b DATE
1	Janual M	Jageant.	M D. PHYS MED DIRECTOR E	STAFF PHYS.	12/31/CO
	PAYE DYPAY	due -	22d. ADDRESS	1/00	70
	TAPUEL 19. 1	3AGEANI	7 5600 N/H AV	. Wash.	1.00
	23a BURIAL CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY 23d LOC	ATION (City, town, ar county)	(Stote)
	buriah / 1/3/61	Rock Wree		shington, D.	C
	24 FLATERAL D LECTON'S S GNATURE	X TIMES TO	25g REC'D BY REGI		
	The will fulls Co.	Washing D.	N DATE JAN 6	161 Centema	8. Track



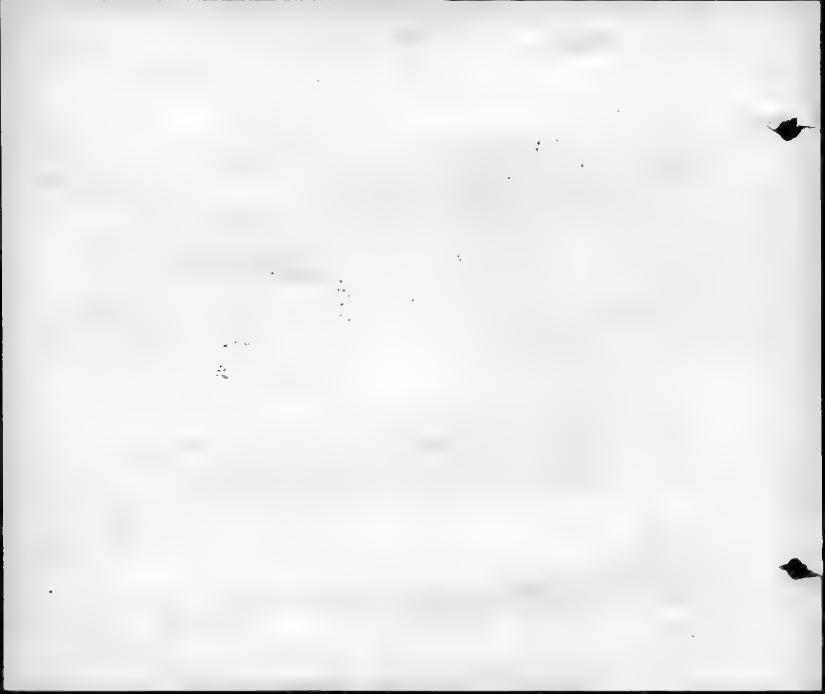
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14198 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Montgomery Montgomery 违 erol E-CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give negrest lawn) 2 days Bethesda **☼** Rockville d, NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d STREET ADDRESS OR INSTITUTION AI2 Anderson Ave. YES NO Su urian Hos. ita puo 9 NAME OF Fiest Middle 4. DATE Month DECEASED OF DEATH B. Shannon Pages (Type or print) r aret Dec. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX B. DATE OF BIRTH 9 AGE (In years) lost birthdoy) Months Days Hours Thite Femule WIDOWED 1 DIVORCED [72 yes papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) HOHSE WI v pour 8 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ç гета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ttending XC eose INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (a) (b) and (c)." ă PART I. DEATH WAS CAUSED BY: ъ IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gned gave rise to immediate **DUE TO** couse (a), stoling the under-1210 7 mb = 2 0 lying couse tast. burial-transit been physicie PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTÓPSY crematian, PERFORMED? \$D4 YES NO D 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour g. m. While Not while at work gt work p. m After 1900 21 I certify that (I) (this haspital) attended the deceased fram... 1964 and that death accorred at 15 My from the causes and on the date stated above saw the deceased alive an 226 SIGNATURE 2 ATTENDING PHYS MED DIRECTOR | STAFF å M.D. 22 PHYSICIAN'S 22d. ADDRESS

toy be retaine by the FUNERAL DIRECTOR: 3 should to te page the St 0 VR A15 (4) 15M 9/59

226 DATE S GNED MAME LTYPE 23h DATE THEREOF NAME OF CEMETERY OR CREMATORY 239 BUR AL EREMATION. REMOVAL (Spec fy) 256 REGISTRAR'S & GWATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR

ON A FARM?

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | | first tution | Residence before admission) o. COUNTY **b** COUNTY Montgomery MARYLAND Marvland b. CITY OR TOWN (If ay iide corporate mile wide #URAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda l day Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ## STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO NO Bldg. 124 Nat. Naval Med. Center 4414 Highland 3. NAME OF 4. DATE Month DECEASED DEATH (Type or print) Louis 19 60 Shearer AGE (In years 5. SEX 6 COLOR OR RACE 7. MARRIED A NEVER MARRIED 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS fact birthday) Months Days Hours Male WIDOWED [DIVORCED T White 52 1908 190, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Repair man Nat. Naval Med Ceri U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME N U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 60 INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH [Enter only one couse per I no for (a), (b), and (c).] ped PART I. DEATH WAS CAUSED BY Cerebrall Edema IMMEDIATE CAUSE (a) DUE TO Cerebrall Contusions Conditions, if any, which pove rise la immediate come DUE TO (o), stating the underlying Fracture of skull couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TOTAL TO. PERFORMED? YES NO 200 EXTERNAL CAUSE WAS FRIMARY OF OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of Itam 18) Apparently fell from ladder 20d INJURY OCCURRED - 20e. PLACE OF INJURY (Home, form, +20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 22 19 60 of work at work & Bldg. 124 N.N.M.C. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [...], Inquiry . and in my opinion death resulted from. Natural causes 🗍 Accident 🗶 🔻 Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER F NAME (Type) FUN 220 BUR AL CREMATION, 1226 DATE THEREOF 22s. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) REMOYAL (Specify) Rurial Parklawn Cemeterv Rockville, Maryland **ADDRESS** 23, FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAN 1246. REGISTRAR'S SIGNATURE Rethesda, Maryland DATE DEC 27 Cirthur & Kraces



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 14055 CERTIFICATE OF DEATH director, iled with I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved. If institution: Residence before admission) COUNTY Filed o. STATE **b.** COUNTY MARYLAND lantalomer tem bid should be fi CITY OR JOWN (If outside/corporate limits, write RURAL and give negret) town) h c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) lakoma d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS OR INSTITUTION 2 YES | NO R Washington Janitarium 4 Hos Pup 4. DATE NAME OF Middle Last Month Das Year DECEASED OF DEATH Poges death (Type or print) 1960 P AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH (ost birthday) Months DIVORCED [7] WIDOWED [YES papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life even if retired) puo Denvice 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 physici remove 17 INFORMANT Address S ARMED FORCES? 116. SOCIAL SECURITY NO attending please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BEDWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if only, which gned (6) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost **buriol-transit** PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY crematian, PERFORMED? YES NO | 200. ACCIDENT WAS UNDERLYING DO OR CONTRIBUTING DI CADSE-QE DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while of work at work p m 1960 19-00, that (I) (we) last 21. I certify that (1) (this haspital) oftended the deceased from. 3M, from the couses and on the date stated above 1960, and that death occurred at 1 saw the deceased alive on FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE **\$ GNED** ATTENDING PHYS MED DIRECTOR STAFF þe M D. 22c PHYSICIAN'S 22d ADDRESS pluods NAME (Type) en. page 3 the State DATE THEREO 235 NAME OF GEMETERY OR CREMATORY BURIAL, CREMAT ON REMOVAL (Specify) BOCATION (CIP lown, or county) (Stote) BILLUM O 256 REGISTRAR'S S FUNERAL DIRECTOR'S 5 GNATURE REC'D BY BEGISTRAR VR A15 (4) 15M 9/59

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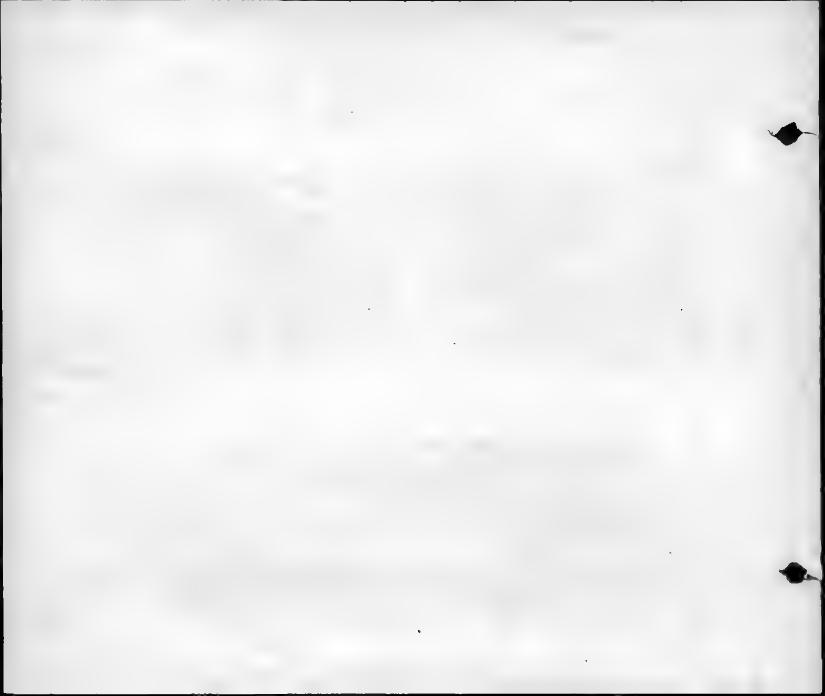
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MARYLAND STATE DEPARTMENT OF HEALTH



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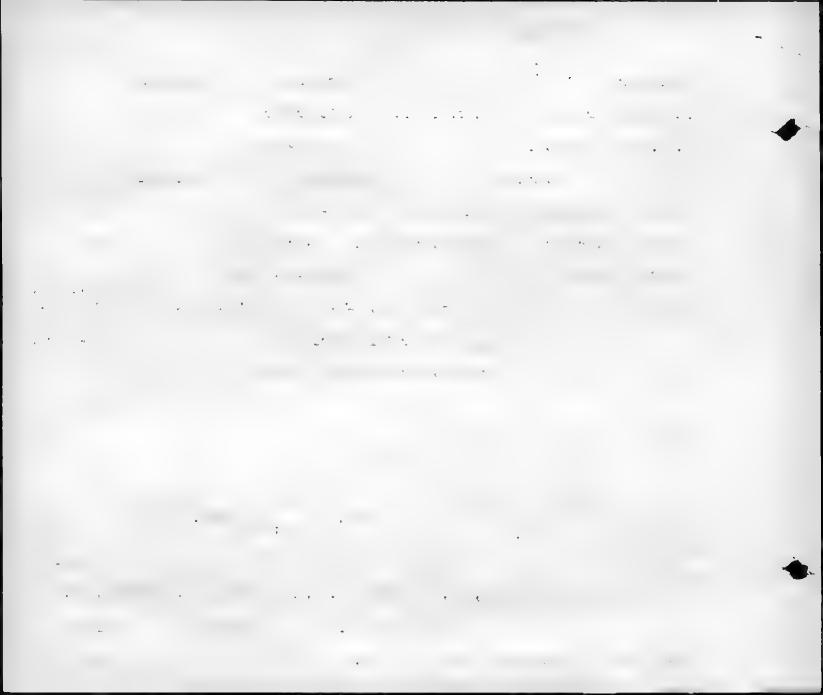
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142 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE

OI D					14	16
USUAL RESI	DENCE (Where	deceased live	d If institute	on Residence	before	Odmiss'
a STATE	3		b COUNTY			

a COUNTY		2, USUAL RESIDENCE (on Residence before 50miss 4h,
Montgomery	.,	Maryland		omery
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write R	URAL and give nearest town)
Bethesda (Rural)	lhr. 15min.	Gaithersb	urg	7
d NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
STATE MONTEGERS **NONTEGERS**	YES NO			
MARYLAND MOTEORETY MOTEORETY MOTEORY MOTEОRY M	ith Day Year			
O COUNTY MOTEORY MOTEORY MOTEORY B COUNTY MOTEORY M	ber 20 1960			
5. SEX 6. COLOR OF RACE 7 MAI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female Caucasian Widow	VED . DIVORCED .	12-8-20		Months Days Hours Min.
10a, USLAL OCCUPAT ON (Give kind of work done 10b	KIND OF BUSINESS OR INDU		ote or foreign country)	12. CITIZEN OF WHAT COUNTRY
	comic Preserv Co	Ma war	land	USA
	MALL MACING			
George CORNWELL		Massie I	. ODEN	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. IF			reis Rockville, Md.
	213-16-0383 (M	Mrs. Messi		
		THE MADEL	002000227 202	INTERVAL BETWEEN
		5 . t A		ONSET AND DEATH
	IGHERS AGGREGATES	I_INIERCULOR		2-5 BFB,
7 - 000				
gave rise to immediate	rterioscleroti	c Heart Dise	ase	
couse (a), sloting the under: DUE TO				
, (L)				
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	rminal disease condition giv	PERFORMED?
	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury	in Port I or Part It of item 18)	
20c. TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e. PL			(County) (State
Hour o.m. While	a lani mulle	ciory, street, office blog.,	euc) i	
		Dog 20	1060 L Dog 20	2060 15.1.111.1.3.3
2) I certify that (i) (the see prop) after	ded the deceased from	10	145PM	, 1730AZ, Indi (1) 100E) 103
	1 17_UV, and that a	death accurred at 1	M, mom the causes an	an the date stated above
1 200	011	ATTENDING _	MED. STAFF	12-21-60
TO PHYSICIAN'S	. 2004		DIRECTOR PHYS	TC-51-00
NAME (Type)	TO THE MC HON		vol Wagnitel B	nthoede Md
REMOVAL(Specify) 70/00/60				
Dariar				
24 FUNERAL DIRECTOR'S S GNATURE				
Tygon Wheeler Timeral Hom	me. Rockwille.	MA . DATE!	DEG 2 7 '60 C	Thur & House



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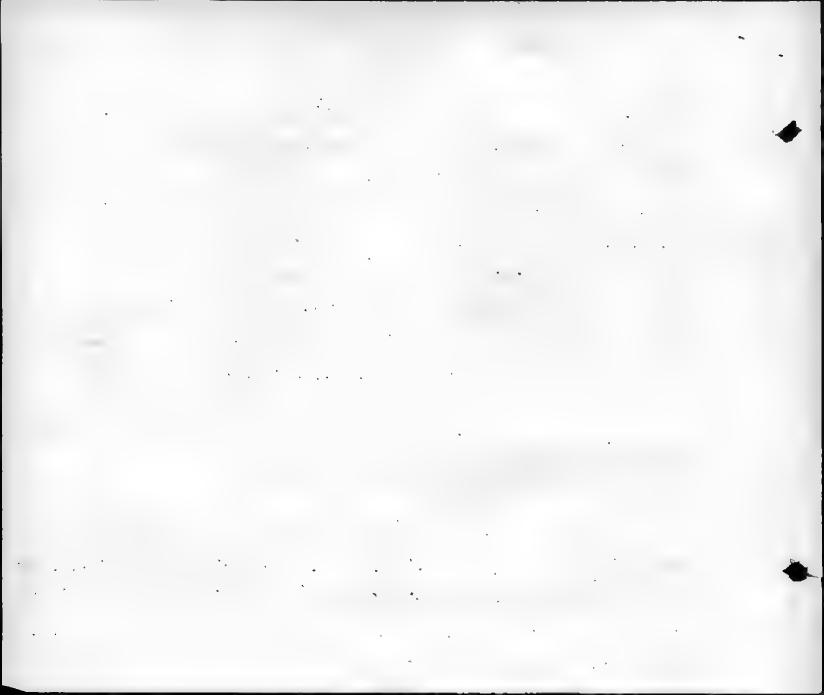
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14201 CERTIFICATE OF DEATH

Reg. Dist. No. 14162

1	PLACE OF DEATH SOUNTY More of a precing	MARYLAND	2. USUAL RESIDENCE (When	a deceased lived If institution b. COUNTY	Residence bel	fore admission)
_	b CITY OR JOWN (If outside corporate limits, write RUBAL and are nearly town)	C LENGTH OF STAY IN 16	C CITY OF TOWN (IF but	de corparate limits, write RUI	- 1/-	//
P	d NAME OF HOSPITAL (If not in haspital, give street or	since 1935		den Lane, Be 300 Hampden		e IS RESIDENCE ON A FARM?
	7800 Hampden Lane		/Bethesda,	-		YES NO S
	3 NAME OF First	Middle		DATE Manth	t	Day Year
	(Type or print) Robert	<u>ل</u> H	aughten	DEATH JEC	24	1960
	5. SEX 6. COLOR OR RACE 7 MARRIE WIDOWED		Oct. 2, 189	last birthday)	Months 22	R IF UNDER 24 HRS Hours Min
	10a. USLAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or	foreign country)	12 CITIZEN C	OF WHAT COUNTRY?
		etired	Virgin	ia	US	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Robert Slaughter			ta Bannester		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St. (Yes, no. or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. IN	IFORMANT	Addres		
			uise T. Sla	ughter-wife-	-same	<u>2d</u>
	PART I DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	for (a), (b), and (c)]	sular col	Гари	10	TERVAL BETWEEN
	Conditions, if any, which gave rise to immediate DUE TO	Turnery,	CATOMON	100/		
	couse (o), stating the under					
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	2 Chrs.	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO -
	206 ACCIDENT WAS UNDERLYING 1 206 DESCRIPTION OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	(Enter noture of injury in Pa	t or fort II of item 18)		
		JURY OCCURRED 200 PLA Not while of work	CE OF INJURY (Hame, form, lary, street, office bidg, etc)	20f. (City or town)	{County	y) (State)
	21. I certify that I attended the decease	d fram//ATCA	1957, to St	ec 24 , 19691	nat I last sc	iw the deceased
	alive an APC 23 , 196		occurred at 7-40 AN	, fram the causes and	an the da	te stated above.
1	ACTUAL SIGNATURE VILLEGE R. S	armantrant.	Ko. 4890	DRESS (Street, city or town, s)	ne bel	DATE SIGNED
	PHYSICIAN'S WILFARD R.	Ehrman	travet	1	De	c 24,1960
	220 BUR A., CREMATION, 22b DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, town or	county)	(State)
	Burial 12/28/60	Ft. Lincolr		Prince Ge	orge C	o. Md.
		Pothondo Ma			RAK S SIGNAL	

Q E Q VS A15 (4)



Bethesda, Maryland DATEAN 3

25h REGISTRAR'S SIGNATURE

arthur & Henry

250 REC'D BY REGISTRAR

\$ O. puo ED. physici offending (please The law requires that the death E) the puo 6 'emoval, permit. been signed attending physician. buriol-transit cremotion, detached ray be retained by the FUNERAL DIRECTOR: 3 should be Board 40 page 3 the State 0 VR A15 (4) 15M 9/59

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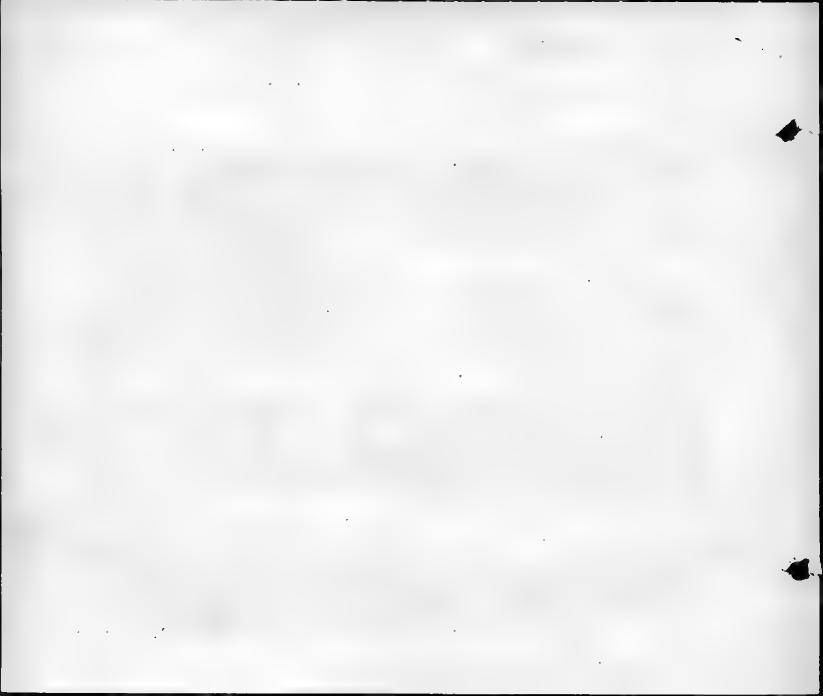
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death.

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24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey



MARYLAND STATE DEPARTMENT OF HEALTH

director

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Pa Pages death

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FUNERAL DIRECTOR:

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14078

235, DATE THEREOF

230 BURIAL, CREMATION.

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	2	- 5	IJ	.1

23d LOCATION (City fown, or county)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PRINCE GEORGE'S COUNTY,

(Stote)

MD.

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. 5 ely filled and physician offending reference of the second of the certificate may be retained by the hospit TO FUNERAL DIRECTOR, After page 3 should be detached the State Board of Health pr

requires that the death certificate be executed within 14 histors

A 4 (/ 1 ()					1.7 4.5
PLACE OF DEATH O. COUNTY MONT GOME RY	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived If institute b COUNTY MON	ion: Residence before COMERY	ore odmission)
b C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		itside carporate limits, write f	URAL and give ne	arest fown)
KENSINGTON	3½ years	CHEVY CHASE	VILLAGE	23	
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION KENSINGTON GARDEN SANITAL		d. STREET ADDRESS 35 WEST IRV	ING STREET	1	B IS RESIDENCE ON A FARM? YES NO K
NAME OF First	Middle	Last	4. DATE Mor	oth Di	y Yeor
DECEASED (Type or print) LILLIAN		MITH	OF DECEM		1960
SEX 6 COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years	7 1	IF UNDER 24 HRS
FEMALE WHITE WIDOWED	DIVORCED .	UG. 7, 1882	lost birthday) 78 yrs.	Months Days	Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State of	ir fareign country)	12 CITIZEN O	F WHAT COUNTRY?
HOMEMAKER OWN HOME RETIRES)	ROANOKE, V	IRGINIA	U.S.	Α,
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
LEE W. SQUIRES		SARAH EMMA		RHAPT	
(If yes, give wor or dates of service) NO		LEE SMITH, 9	Add 2505 CULVER ST	r.,KENSIN	GTON, MD.
18. CAUSE OF DEATH Enter only one cause per-line	r (or (o), (b), and (c).)	1 -			ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	,	1.		ON	SET AND DEATH
	W. www.	- Colonial C			, /
DUE TO	1 11	/	6	4	1k1 7 2
Conditions, if any, which agove rise to immediate	rebyral a	lufte 3 6	- 1	/	/ / -
couse (a), stating the under-	, , , , ,	1 C. +	/		/
lying couse lost (c)	mre cary	+ arles	107 6 OT THE	-	
PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condit on Gi	VEN IN PART I(o)	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort 1 or Port II of Item 18)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
2	la.	ACE OF INJURY (Home, form tory, street, office bldg, etc.)		(County) (State)
Hour a m. While p, m 19 of work	INOT WHITE				
21 I certify that (I) (this haspital) attended	ed the deceased fram.	12/14/196	10. to 12/17/	Leg. 19, H	hat (I) (we) las
saw the deceased alive an 12116	19_60 and that a	leath accurred at 1	M, fram the causes a	nd an the dot	e stated above
220 SIGNATURE	da	ATTENDING ME			226 DATE SIGNED
		- +	RECTOR PHYS	12/1	8/60
22c PATS CIÂN S NAME (Type) WILLIAM T. JOYG	T	8106 MAPLE	RIDGE ROAD.	BETHESDA	MD.
MITTELL DEL LE OUTO	1	OTAA LAMETING	TAME OF THE ST		7

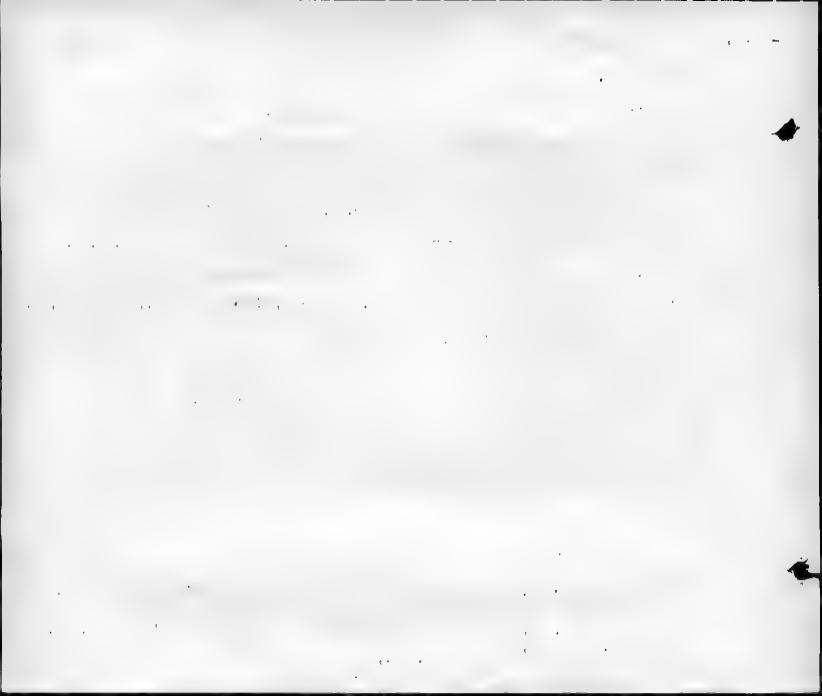
23c NAME OF CEMETERY OR CREMATORY

8434 Ga.Ave., Silver Spring, DEC 23'60

DEC. 20, 1960 FORT LINCOLN CEMETERY

ADDRESS

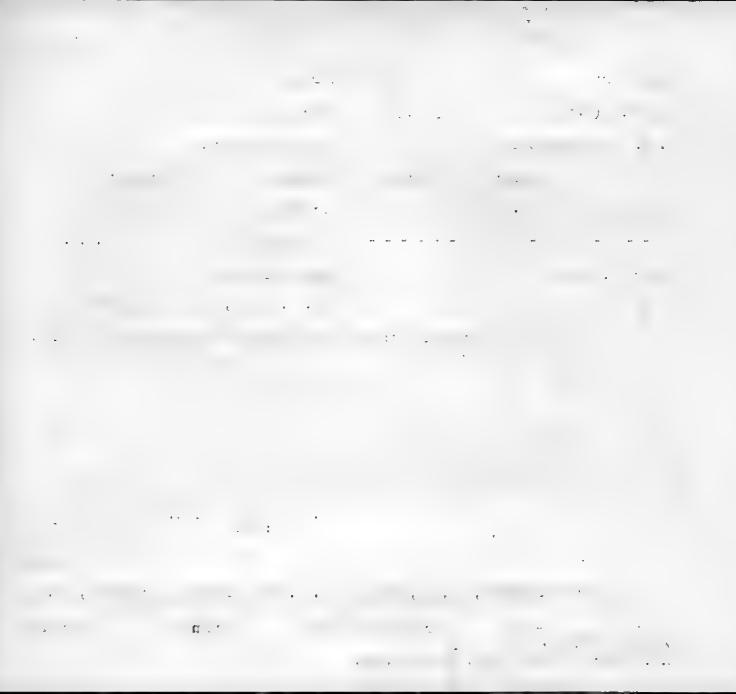
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VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	14204	CERTIFICA	TE OF DEATI	Н	14163
PLACE OF DEATH COUNTY Montgomery		MARYLAND	2 USUAL RESIDENCE (NO. STATE Virginia	Where deceased lived - If institu b. COUNT	t on Residence before admission) Y
		c. LENGTH OF STAY IN 16		f outside corporate limits, write	RURAL and give nearest town)
OR INSTITUTION	Nonital		d STREET ADDRESS 20 Wheatl	and Drive	IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED	First	Middle	Lost	4. DATE Mc	onth Day Year
(Type or print)	Robert	Bruce	SMITH	OF DEATH DEC	mber 5 19 6
SEX	6. COLOR OR RACE 7 MAR		8 DATE OF SIRTH	9. AGE (n years	IF UNDER LYEAR IF UNDER 24 H
Male	Caucasian WIDOW	/ED DIVORCED	5-7-48	tasi birthday)	
a USUAL OCCUPATIO		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ite or fareign country)	12 CITIZEN OF WHAT COUNTE
			Indian	a.	U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Robert S. S	MITTER		Ramona DY	KSTRA	
. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.1	NFORMANT		dress
No		Mone (F) Robt. S. S	mith, same as	2 above
Conditions, if an gave rise to im cause (a), stating II lying cause lost. PART II OTHI 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	he under DUE TO	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	minal disease condition G	IVEN IN PART 1(0) 19 WAS AUTOF PERFORMED! YES 12 NO
	☐ CAUSE OF DEATH!	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	in Port I or Port II of item 18)	
20c. TIME OF INJURY Have a. m p. m.	Manth, Day, Year 20d. While at wo	Not while fo	LACE OF INJURY (Home, for actory, street, office bldg., a	erc.) 20f. (City or town)	(County) (Sta
	t∰ (this haspital) attened alive an Dec. 5	ded the deceased fram.	Nov. 2	1060 to Dec. 5	19 60 that (w) (we) li
220 SIGNATURE	d W Gre	ello-	M D PHYS	MED STAFF DIRECTOR PHYS	12-5-60
22c PHYSICIAN'S NAME (Type)	red W. GREZIO,	LT, MC, USN	U. S. Na	val Hospital, 1	Bethesda, Md.
a BURIAL, CREMATION	N, 23b DATE THEREOF	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City fown	, or county) (State)
REMOVAL (Specify) Rurial	12-8-60	Arlington	Mational	Arlington	Virginia
	SIENATURE ALLY 1	//ADDRESS	25a. RE	C'D BY REGISTRAR 256 REC	SISTRAR'S S GNATURE
A. A. Pumphre	y Funeral Home	, Bethesda, Md	DATE .	DEG 8 '68 C	Inthur & Kines

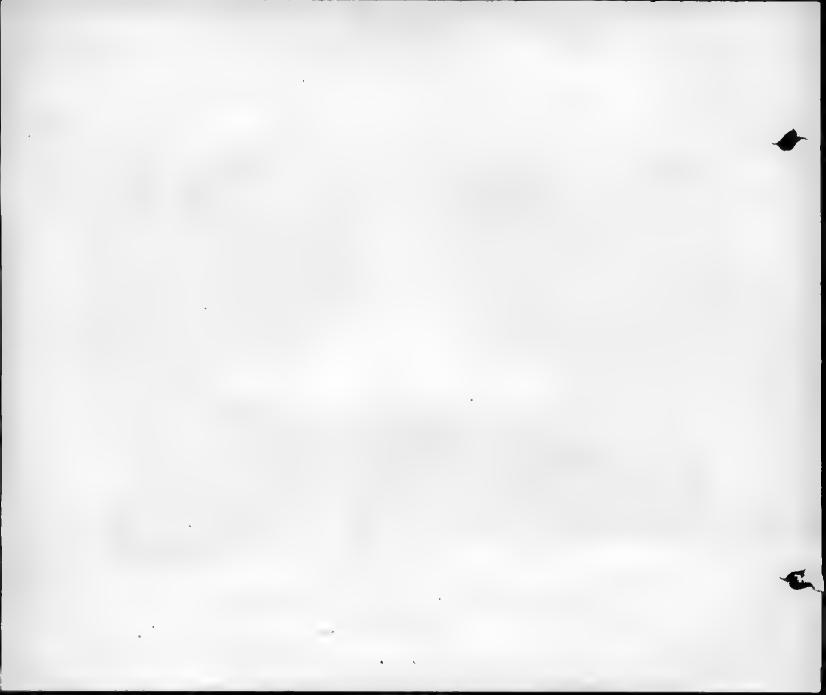


VR A1S (4) 15M 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH
TO DELVISIO	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI
142()5	ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH

11167

												114-	
1.	PLACE OF DEATH	MEGV		MARYLI	11	o STATE	RYLA!		b. COUNT		e before	admissi	on)
b CITY OR TOWN (f outs de corporate limits, write RURAL and give nearest town)						c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	OLNEY d. NAME OF HOSPITAL OR INSTITUTION MONT O	(If not in haspital, g	ive street	DAY oddress) HOSPITA		d STREET A	DDRESS			/	0		DENCE FARM? NO []
	NAME OF DECEASED (Type or print)	Fin Ell	IJ	Middle Rebeco	A	Losi Snowde		4 DATE OF DEATH	мо Dесемве		Day		reor 19 6(
s.	SEX 6	_	7 MARE	ED NEVER MARRIED DIVORCED		DATE OF BIRTH			9 AGE (in years rast birthday) 77 yrs	Months	Days	Hours	R 24 HRS Min
10c	b. USUAL OCCUPATION during most of working	(Give kind of work of life, even if retired)	lone 10b	KIND OF BUSINESS OR	INDUSTR		ACE (Stote -		ountry)		U.S.		OUNTRY
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	GRAF	T HOLLAND					ZABET	TH WHI	TE				
15. (Ye	WAS DECEASED EVER II	N U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO	RMANT			Ad	iress			
						Hesi	TAL	RECOR	DS, OLNE	Y, M.	RYLA	ND	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HE MORRHAGE INTO PONS 3 3 / X DUE TO							36	EVAL BET AND HOU	DEATH JRS			
Z	Conditions if any, gove rise to imm cause (a), storing the lying couse ast PART II OTHER	predicte DUE TO	a 1.50	CONTRIBUTING TO DEAT		. 4	THETERMI	NAL D SEASI	E COND TION G	VEN IN PAR		, WAS A	AUTOPSY
CAT		MYOCARDIAL INFARCTION - 5 DAYS YES 1 NO C											
CERTIFICATION	200. ACC DENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Have a.m. 20e PLACE OF INJURY (Hame, form factory street, office bldg, etc.) P. m. 19 Of NJURY OCCURRED (County) (State factory street, office bldg, etc.)												
	saw the deceased	(I) (this haspital alive anNo	v 30	led the deceased for and t	ram hat dei				DEC 1, the causes a			stated	abave
	220 SIGNATURE (Wolntakes, M.D. MC						□ DI	ED RECTOR [STAFF PHYS			22t	DATE S GNEI
	22c PHYSICIAN'S NAME (Type)	S. WHIT	AKER	M. O.		22d ADDRE	_	K SNITL	E. MARYI	D.A.B.A.			
230	BUR AL, CREMATION, REMOVAL (Specify)	236 DATE THEREO		23c NAME OF CEMET Hopkins					rhland.	or county)		(State	e}
24.	When Live	Sunval		ADDRESS Rockville, 1			250 RECT	D BY REGIST	RAR 256 REC	ISTRAR'S S.C			



BALTIMORE 1. MARYLAND Division of STATISTICAL RESEA MEDICAL EXAMI Item 14 USUAL RESIDENCE (Where decessed I yed, If institution; Residence before admission) 1. PLACE OF DEATH e. COUNTY Montgomery
b. CITY OR TOWN It outs de corpolate limits. MARYLAND c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town! directo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? YES [] NO [3. NAME OF DECEASED DEATH (Type or print) AGE IIn yours IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) | WIDOWED TO P OF 10s. USLAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) FLECTTICIAN

13. FATHER'S NAME sminal PM3. P. peges 14. MOTHER'S MAIDEN NAME Virginia Tappen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no. or unknown) (Hyasa yewarordatasofservica) MIRS HILLS 15t would 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: supplus IMMEDIATE CAUSE (6) march Office DUE TO Conditions, if any, which (6) gave rise to immadiate cause /CJ **DUE TO** (a), stating the underlying PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 14 19. WAS ALTOPSY PERFORMED? NO K "0 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. writing to Chief I 20c TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED . 20e, PLACE OF INJURY (Homa, ferm, . 2Df., (City or lown) (County) (State) factory, street, office bldg., etc.) Not While While E 4 et work at work Prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry Y. and in my opinion ilease execute the certific I should be forwarded to FUNERAL DIRECTORY its designeted agent, p Natural causes 🚮 death resulted from-Accident 1 Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION T 22b. DATE THEREO 226. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town, or country) (Sfele) 교육교수 Cedar Hill SuitlandMd. 1 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Ciarling & Frank DATEDEC 21 '60



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 **BALTIMORE 1, MARYLAND** 41100 MEDICAL EXAMINER'S I, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY Page e. STATE **b.** COUNTY MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (if outs de co d. NAME OF HOSPITAY OR INSTITUTION (if not in hospital, give street IS RESIDENCE ON A FARM? YES NO 1 3 NAME OF Middle DECEASED (Type or print) 9. AGE (In years IF UNDER 1 WAR! IF UNDER 24 HRS lest shdey) | Months Deys WIDOWED DIVORCED 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAJOEN NAME 1.16. SOCIAL SECURITY NO 1.17. ENFORM r_unkown] | (If yes give wer or detes of service) 18 CAUSE OF DEATH [Enter only one cause partine for (e), (b), and (c),] INTERVAL BETWEEN Office along v burial-transit p noval, and in/ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stelling the underlying cause last. PART II OTHER'S GN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? , 200. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port of Port if of Hom 18) NO N CERTIFICA pino 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH Chief 3999 3 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) 20c AE OF INJURY Month, Day, Year the Page fectory, street, office bldg., etc.) While Not While et work et work please execute the certificate, v 4 should be forwarded to the 5 FUNERAL DIRECTOR: P or its designated agent, prior execute the certificate, 2). I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry X and in my opinion Suicide Undetermined manner death resulted from. Accident 1 1. Homicide i CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY BroschaN Address (Street, city, town, or county) 226 BUR AL, CREMATION 1 226. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spec fy) BXRIN 240 g 23. FUNERAL D RECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME C Thung S. Heart 5M 7/59



SILVER SPRING, MD.

DATE JAN 3

GOMERL

IS RESIDENCE

ON A FARM? NO E

19

IF UNDER 24 HRS.

PERFORMED?

NO

(State)

22b. DATE

140

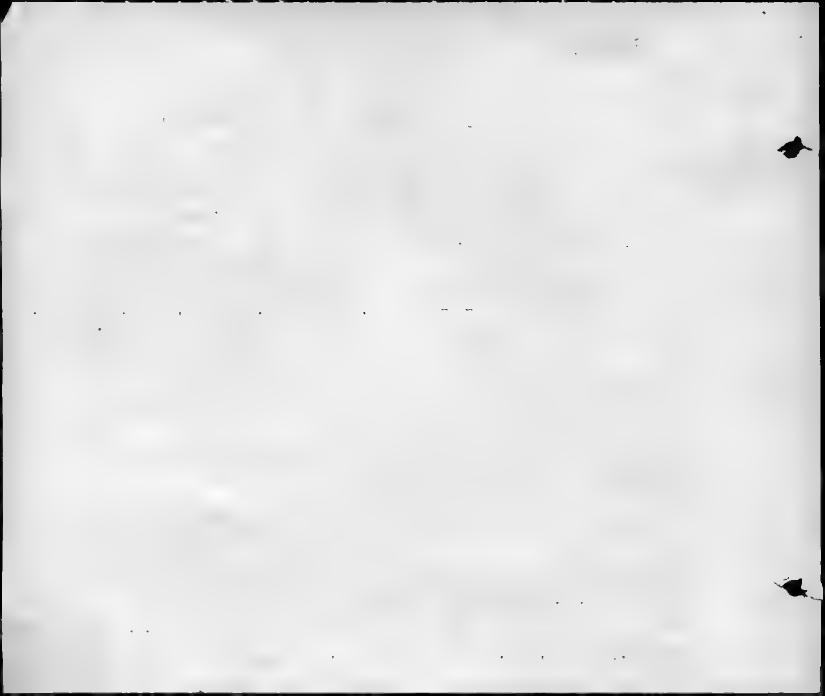
SIGNED

, 19.60, that (I) (we) last

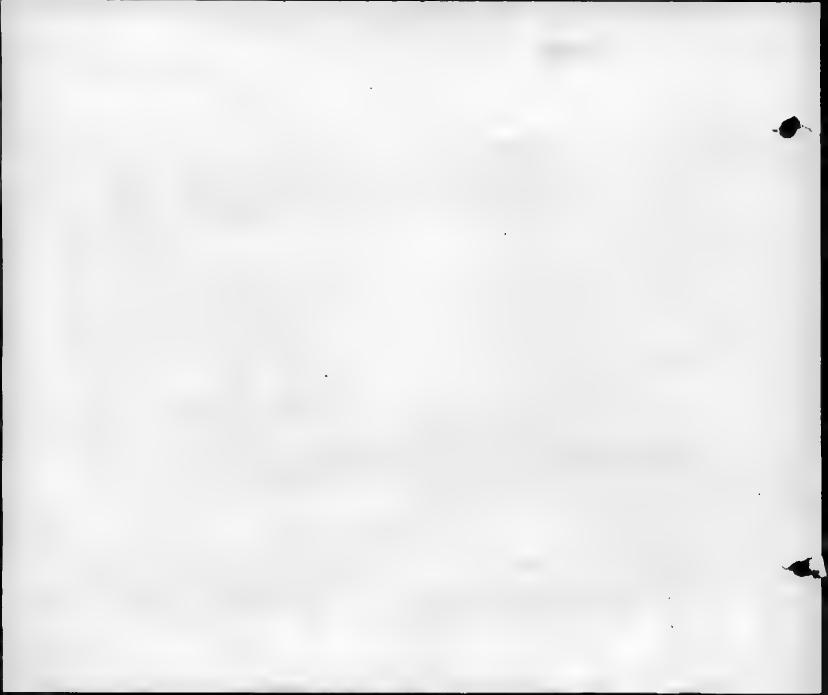
(County)

Circles J. Thomas

VR A15 (4) 1SM 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



4	2	1	
please exer	4 should be		, cremalian,
Ssory,	Poge	,	ta burial
CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not stary, please exect	ifficial, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct Page 4 should be	for your files.	DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
urs ofter death.	1, 2, and 3 to th	to the Chief Medical Examiner's Office along with form PM3. Page 5 may be antoined for your files.	s I and 2 with th
within 24 hou	Give Poges	M3. Present 5	it. File page
be executed	il in Item 18.	g with form P.	Il-transit perm
ate should	g" in pend	ffice along	on a buri
his certific	d "pending	ominer's O	ld be used
AMINER: T	ng the won	Medical Exc	age 3 shou
CAL EX.	reale, writi	the Chief !	IRECTOR: F
3	=	0	0

eose e	should		remali	
ssary, p	Poge 4		ta burial, o	ļ
55 TO DEPUTY M. CAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is a stary, please at	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct. Page 4 should	1 PM3. Page 5 may be entoined for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as buried transit permit. File pages 1 and 2 with the registrar prior to burial, crematic	
AL EXAMINER: This certificate should be execute	e, writing the ward "pending" in pencil in Item	Torwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TOR: Page 3 should be used as burint-transit po	(
TO DEPUTY M	cute the certificati	forwarded to the	TO FUNERAL DIREC	or removal.
YS	. Al	15/	YE[5)

5M 9/55

MA	RYLAND ST.	ATE DEPARTMEN	NT OF HEALTH	-BALTIMORE,	18
14067	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	R

14067 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH Reg. Dist. No.	1172						
1. PLACE OF DEATH	2, USUAL RESIDENCE (Where deceased lived If Institution, Residence before ad	lmission)						
" o. COUNTY Montgomery MARYLAN	o STATE Maryland b. COUNTY Montgome	The state of the s						
b. CITY OR TOWN (If outside corporate limits, write BURAL ond give negres) term)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	(own)						
Chevy Chase	[/ / Chevy Chase							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS a. IS	RESIDENCE N A FARM?						
4503 Walsh Street		□ NO [3]						
3. NAME OF First Middle DECEASED	Lost 4 DATE Month Day	Yeor						
(Type or print) ESTELLE ELIZABETH	STEVENS DEATH Dec. 21,	19 60						
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		IDER 24 HRS.						
Female White WIDOWED DIVORCED	Mar. 30, 1926 34 yrs. Months Days Hours	Min.						
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHA	T COUNTRY?						
Housewife	Jacksonville, Fla. U.S.	A.						
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Claude T. Hunt	Etva ? (Unknown)							
	INFORMANT Address							
No Re	obert Stevens-Husband-same 2d							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		WEER						
PART I. DEATH WAS CAUSED BY: ASPHYXIA	INTERVAL BET ONSE AND							
DAMEDIATE CAUSE (0)	Sudd	en						
Conditions if any which) As Hanging								
Conditions, if any, which gove rise to immediate cause								
(o), storing the underlying OUE TO couse fost.								
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY								
NI PANI	PERI YES T	FORMED?						
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)							
Hung self with b	elt from shower curtain rod in b	ath-						
5 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, i 20F, (City or town) (County)	(State)						
O Hour a.m While Nat while Jo	ctory, street, office bidg , etc.)							
21. I certify that I took charge of the remains described ab		I find that						
death resulted from: Notural causes, Accident, St	death resulted from: Notural causes 🔲, Accident 🔲, Suicide 🔣, Homicide 🔲, Undetermined cause 🗍.							
1 9 · · · ·								
SIGNATURE SANDE Darrhart	SIGNATURE THENDE . BATTE SIGNED DATE SIGNATURE DATE SIGNED							
EXAMINER'S EDANY T BROSCHART 12/21/60								
NAME (Type) FRANK J. BROSCHART	DEPUTY MEDICAL EXAMINER 1	00						
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, fown, or county) (SI	ate)						
Burral 12/23/60 Parklawn Co								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
Robert A. Pumphrey Bethesda, Ma	ryland DATE 22 2 1 50 Orting & travel							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY Page files. Health, O. STATE K COUNTY MARYSAND h CITY OR TOWN all autride to CLENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give nectest town of F & NAME OF HOSPITAL OF IN SITUTION III not in hospital, give street address . IS RECIDENICE ON A FARM? YES TO NO TO NAME OF DATE Month DECEASED Of DEATH (Type or print) 9 AGE (in years last birthday) IF UNDER LYFART IF UNDER 24 HES 7. MARRIED WEVER MARRIED B. DATE OF BIRTH Months WIDOWED [7] DIVORCED ! 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [Stoff or fore gn country] during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Give Pages 1 h form PM3. poges 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sendel" IMMEDIATE CAUSE (O) DUE TO Conditions, if ony, which) gove rise to immediate cause DUE TO (a), stoting the underlying couse fort. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU WAS AUTOPS col Exo PERFORMED? NO 🗍 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) Brou ht home at 4:15 1.1. ind a cel in b l. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) factory, street, office bldg., etc.) Not whiles 19 of work of work Fionts. 21. I certify that I took charge of the remains described obave, held an Autapsy 😿. Inspection 🗔 Inquiry . should be forwarded FUNERAL DIRECTOR: apinian death resulted from. Notural couses , Accident N, Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 270. BUR AL CREMATION 226. DATE THEREOF 27c NAME OF CEMETERY OR CREMATORY 22d LOCATION [City fown, or county) (Stote) REMOVAL (Specify) Arlington Cemetery Arlington, Virginia ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTEAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Bethesda, Maryladn DEC 2 0 '60 Robert A. P mphrey

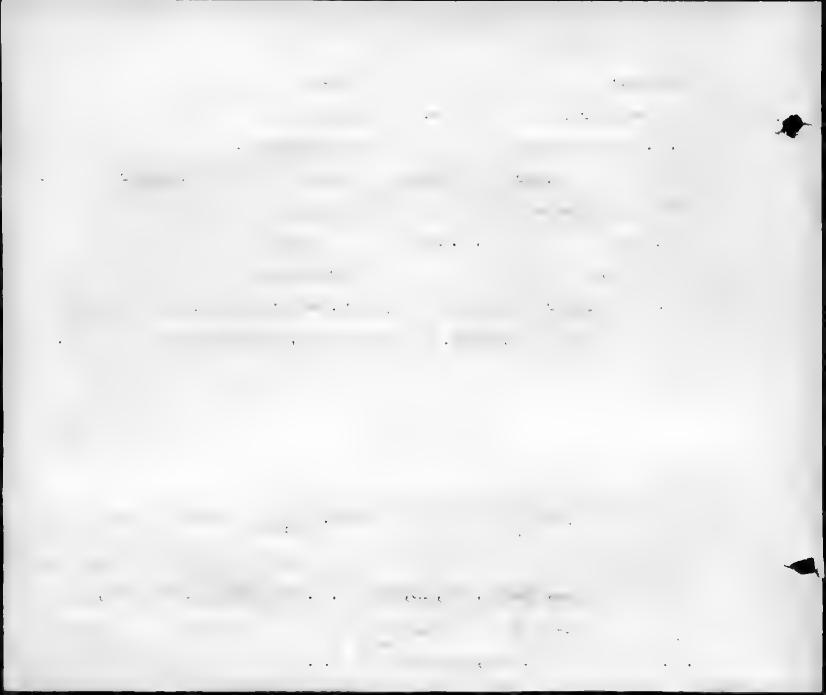


14207

TO HOSPITAL OF

VR A15 (4) 15M 9/59

1	1 PLACE OF D			MARYLAND	2 USUAL RESIDENCE (WE o STATE Tennessee		f institution. Residence COUNTY	e before admission)			
/	Montgo	OWN (If autside corporate limits	, write c. LENGTH C	OF STAY IN 15							
	RURAL on	d give neorest lown)	0		Memphis	-	2 53 2	*5			
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION				d STREET ADDRESS		1 30	e. IS RESIDENCE			
		Naval Hospital			4002 Argonn	a C+		ON A FARM? YES NO F			
8	3 NAME OF	Mayar Rospicat		Middle	Lost	4. DATE	Month	Day Yeor			
1	DECEASED (Type or pris		ada Olama	_		OF DEATH	December	23 19 60			
	S SEX	110BC1	7. MARRIED NEVER	saules	STOW LAL. B. DATE OF EVETH			YEAR IF UNDER 24 HRS			
				IVORCED []			rthdoy) Months [Days Hours Min			
	Male	Caucasian CUPATION (Give kind of work do			10-14-23		Aut 13 Califor	EN OF WHAT COUNTRY			
	during mor	t of working life, even if retired)				· · · · · · · · · · · · · · · · · · ·					
_	Offi 13 FATHER'S N		U. S. N	avy	Indian 14 MOTHER'S MAIDEN N			JSA			
T	I)										
I.	<u> </u>	TOWELL	sea la consumencia	WW 416 12 H	Marie BLOM	BERG	Address				
_	Yes, no. or unknow	rn) (If yes, gave war or dates of ser	vice)					lla »			
	Yes	WWII-Korea	561-26-0	THE BEALTY	<u> Mrs. Margar</u>	et Stowell	, same as				
		OF DEATH Enter only one cou						INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryoma, malignant, testis, with metastasis 1 yr.									
		DUE TO									
		Conditions, if ony, which) (b)									
		stoling the <u>under-</u> DUE TO									
	lying cou	, (0)									
	NO PAI	TIL OTHER S GNIFTCANT COND	IT ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	TION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?			
,	3							YES NO			
	I ≅ LOR CONTI	DENT WAS UNDERLYING []	206. DESCRIBE HOW IN	JURY OCCURRE	D. (Enter nature of injury in	Part I or Port It of iter	n 18)				
- States	U (IF EITHER,	NOTIFY MEDICAL EXAMINER)									
		OF (NJURY Month, Day, Year o.m.		E.	ACE OF INJURY (Home, form clory, street, office bldg., etc.		(C	ounty) (State			
	Hour	p. m. 19	While Not while of work	' □							
	21 I cert	ify that (I) (thischospital)	attended the dec	eased fram	Sept. 25 19	60 to Dec	. 23 19.60	1, that (I) (mg) las			
		deceased alive an Dec		and that o	death accurred at						
	220 S GN		11 11.	-				225 DATE SJGNE			
		tamo	Havia	inf _	M D PHYS TO D	ED. STAFF		12-23-60			
	22c PAYSI	CIAN'S (Type)		J	22d. ADDRESS						
		Hampton HU	BBARD, CDR,	MC, US	N U. S. Nav	al Hospita	1, Betheso	la, Md.			
	23a BUR A1, C		23c NAME	OF CEMETERY C	OR CREMATORY	23d LOCATION (Cit	y, tawn ar county)	(State)			
	REMOVAL Buria		O Arli	ngton N	ational	Arlingt	on	/irginia			
		IRECTOR'S S GNATURE	ADDRES	S Was	DC 250. REC	D BY REGISTRAR 2	SE REGISTRAR'S SIG				
	W. W. C	hambers Funeral	Home, 1400	Chapin	St. N.W DATE DE	C 2 9 '60	Orthur S.	Mraus.			
		-									



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution Residence both aidm asion, 1. PLACE OF DEATH . COUNTY or, Page ir files. if Health, b. COUNTY STATE Mary and
c. CITY OF TOWN (If outs de corporete I m ts, write RURAL ente give neafest town) Mortgomery b CITY OR TOWN, I outside dyporale | mils, MARYLAND c. LENGTH OF STAY IN 16 funeral director. ained for your fi State Board of H write RURAL and give nearest town) Takoma hours Laure d NAME OF HOSP TAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE ON A FARM? retained fi he State Bo death O Cooks Lane Washington Sanitarium - Hespital YES NO 🖳 3. NAME OF DECEASED DEATH December (Type or print) allest 6 19 60 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH age 5 may 1 and 2 will 72 hours a lest birthday) Months WIDOWED [DIVORCED F 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) American Maryland M3. I Domestic worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME d all David Jackson Loc

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. File (Yes, no, or unkawn) | (Ifyesgivewerordetesofservice) Washington Sunitarium - Hospital IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN a along v l-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY, - de IMMEDIATE CAUSE (a) Office . s a burial-removal, **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), stelling the underlying cremation, or enuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I'M. 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical should by YES 🔀 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of trem 18.) 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING T CAUSE OF DEATH. **10** 00 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) age to bu 20c. TIME OF INJURY Month, Day, Year (County) (Steta) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work ⊕ □ 2). I certify that I look charge of the remains described above, held an Autopsy XI. Inspection Inquiry 1 and in my opinion 20 Undetermined manner Natural causes Accident . Suicide . Homicide death resulted from: lease execute the certification is should be forwarded Prince DIRECT FUNERAL DIRECT its designated agent, CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 226. BURIAL, CREMATION, 225. DATE REMOVAL (Specify) Good Hope., Colesville. Mi. Q40 p ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Rockville, Md. arthur & House 5M 7/59

AND STATE DEPARTMENT OF HEALTH

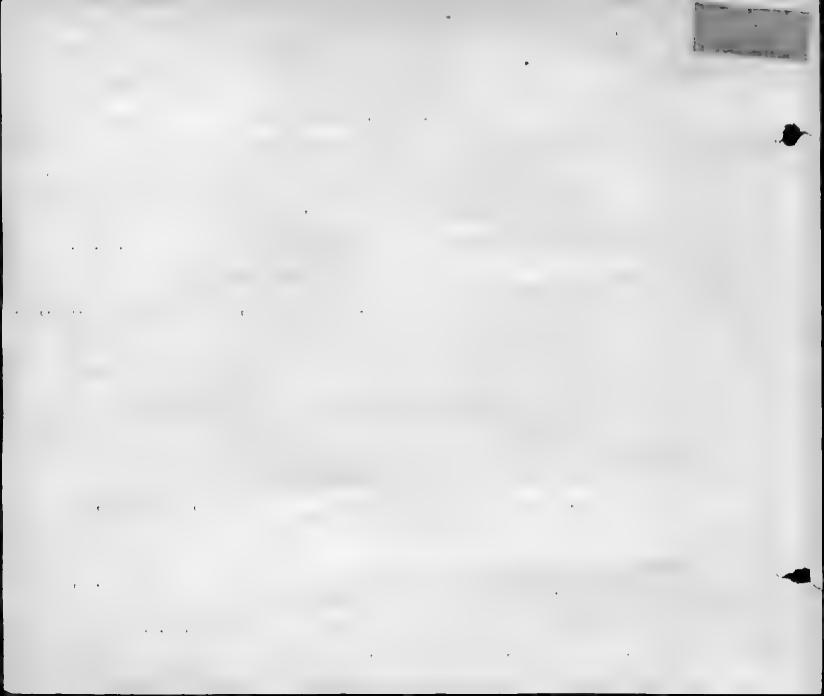


4	MARYLAND STATE DEPARTMENT OF HEALTH	
ı	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
FOR STATE	14050 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1300
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution Residence)	dence before adm ssion!
≥ 8 · ± 1/4/	COUNTY	
Heal Sea	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURA) and give	ve perfect town)
rector. your f	write RURAL end give neerest lown)	1/ - > -
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) - d. STREET ADDRESS Pring	IS RESIDENCE
ED T 60	1112 1 Gan al Mara \$23/2 12 +0 1140	ON A FARM?
ruy de furral lained State Beeth.	3. NAME OF First Models Lest 14. DATE Month D	YES NO P
the rest	DECEASED (Type or print) 72 - 22 - 47 G	2
4 5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. COLOR OR RACE 7. MARRIED PREVER MARRIED 8. DATE OF BRIH 9. AGE IN years IT UNDER 1 YEAR	19 (ART IF UNDER 24 HRS
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10 Pd 2, 11	10a USUAL OCCUPATION (G. va kind of work 10b, KIND OF BUSINESS OF INDIVISION, 11. I REPRIATE (State of INDIVIDUAL OCCUPATION)	I OF WHAT COUNTRY?
12 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	done during most of working life, even if retired)	\\
Fig. 7	13. FATHER'S NAME	_
PM3	N. Obress Name Do Markon orange	
in in the second	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT	-
uted with the with the with the permit.	(Yes, no, or unknown) ((Ifyesgive werordelesofservice)	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
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a a a a a a a a a a a a a a a a a a a	970. 2 DUE TO	-
Syal Sala	Conditions, if any, which (b)	
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ate in a standard a st	(e), stoting the underlying Cause lest.	
riffica washing washing	7 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RLT NOT DELATED TO THE TERMINAL DISCASE COMP TION CIVEN IN PART II.	
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Star War Star Star Star Star Star Star Star St		
iting hief buri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or fawn)	(Stete)
AE No. 25.5	Hour s.m. While Nor While fectory, street, office bldg., etc.)	
cate, cate, to the OR: F		nd in my opinion
걸음합당	death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined manner	
TEDIO the ce rward DIRE	CHIEF MEDICAL EXAMINER	
MEDI forward L DIRI	SEGNATURE TRANS - SASTETALE M. D. ASSISTANI MEDICAL EXAMINER [DATE SIGNED
TT SXIII O d be f CRAL esignal	EXAMINER'S CONTRACTOR OF THE STATE OF THE ST	10 00
S P S S	NAME (Type) FRANK J. SLOSCHZAT Address (Street, city, town, or county)	. 60
bess exercises should be to the total of the	226 BURIAL CREMATION 22b DATE THEREOF 22c. NAME OF CHARLANT OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 <u>1</u> 40 g	Cremation Dec 14,1960 Clear Hell Sulland	nid
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	
5M 7/59	W.W. 1 attantice 3 60 3 14 - 31 10 0 april 2 Krau	aft.



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH Page a. COUNTY MONTGOMERY MONTGOMERY MERYLAND b. CITY OR TOWN (if ouls de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Fmils, write RURAL and give nearest town) director your dof write RURAL and give negrast town) SILVER SPRING BETHESDA 2 vrs. 4 mos d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE funeral ON A FARM? be retained in the State B 8720 COLESVILLE ROAD YES NO TO CONGRESSIONAL MANOR SANITARIUM death. NAME OF First Middle 4. DATE 3 to the f DECEASED OF MARY CHARLOTTE TAYLOR (Type or print) DEATH after DECEMBER 5 1960 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR ... F UNDER 24 HRS. may 2 l and 2 will ast birthday) and . Months Devs Hours FEMALE WIDOWED MARCH 30. 1870 DIYORCED 10s USUAL OCCUPATION ,G vs kind of work 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gir country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working I fe, even if refired) in Item 18. Give Pages 1, ng with form PM3. Page HOMEMAKER (retired) OWN HOME MASSACHUSETTIS U.S.A. pages IL FATHER'S NAME 14. MOTHER'S MAIDEN NAME OHN POAGH NANCY KREW CRAM 9/6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) ((Ifyes give war or detes of service) MRS. OLIVE FLOUTON, 8720 COLESVILLE RD., SS., MD. ALL NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN guole ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA in pencil days This certificate should be r's Office as a burial-ti DUF TO WOUND INFECTION dava Conditions, if any, which ,b) "pending" gave risa to immadiate cause Examiner's DUE TO 50 (a), stating the underlying ö FRACTURED RIGHT HIP cause lest 22 davs pesn 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. CERTIFICATION WAS AUTOPSY PERFORMED? cremat sase execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be Medical should by NO XX 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part II or Part II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. FELL ON FLOOR AT SANITARIUM **Bur** 3 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) 0 While Not While et work at work X SANITARIUM 9:50 KK NOV . 12 1960 prior BETHESDA 21. I certify that I look charge of the remains described above, held an Autopsy Inspection X InquiryXIX and in my opinion agent, Accident XXXII death resulted from. Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEC. 5. 1960 DEPUTY EXAMINER'S FRNAK J. BROSCHART NAME (Type) Address (Street, city, town, or county) 228 BUR.AL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 12/8/60 ₫40 p BURIAL ROCK CREEK CEMETERY WASHINGTON, D.C. Ó 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 245. REGISTRAR'S SIGNATURE VS. A15ME WARNER E. PUMPEREY, INC. SILVER SPRING, MD. 5M 7/59 LITECL Colon & House

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN I Last & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corpotate limits, write RURAL and a ve neales) town! & NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS P 3'D : CE YES 📗 NO 🔯 NAME OF Middle Year DECEASED (Type or print) 19 5. SEX 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED THE 9. AGE for years IF UNDER TYPAR IF JINDER 24 HIRS Months Hours WIDOWED [DIVORCED [100, USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OF INDUSTRY Poge 12. CITIZEN OF WHAT COUNTRY? during maron working life, even if retired) poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT If you now wor at dotes of service 18 CAUSE OF DEATH [Enter only one course per line top (o), (b), and (c). NTERVAL BETWEEN Object AND DE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause DUE TO (c), sloting the underlying couse lost. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO [20b DESCRIBE HOW INSURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF BEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCUPRED | 20e PLACE OF INJURY (Home, form, 1 20f (City or fown) (County) (Stote) factory, street, office bldg , etc.) of wark of work 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection [7]. Inquiry . and in my opin on death resulted from Natural causes 2. Accident . Suicide . Hamicide Undetermined manner DIRECTOR ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE shavid be ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, town, or county) REMOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE 240-REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14209 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) .. county Montgomery o. STATE MARYLAND The state of the s c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write **CHURGTHI OF STAY IN 16** RURAL and give nearest town) Washington. Rockvil d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Waverlev Sanitarium Longfellow St. N.W. YES NO 7 4. DATE Middle Ernest Thorne DEATH 19 60 6. COLOR OR RACE 7. MARRIED 🔲 NEVER MARRIED 📋 B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months white Hours Nov. 30.1879 WIDOWED IX DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working lafe, even if retired) Business Friendly, Maryland S Grocery 14. MOTHER'S MAIDEN NAME John Albert Thorne Ida E. Whitmore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which **(b)** gove rise to immediate **DUE TO** couse (a), stating the under-PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUIGNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES IN NO 12 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Jown) (State) (County) foctory, street office bldg. etc. of work | of work 1904 that I last saw the deceased 21. I certify that I attended the deceased fram. accurred at M, fram the causes and on the date stated above.

alive and SIGNATURE

a m p. m.

22c. NAME OF CEMETERY

22d. LOCATION (City, lown, or county)

BURIAL CREMATION. 22b. DATE THEREOF

240, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

(Stote)

PHYSICIAN'S

PLACE OF DEATH

OR INSTITUTION

lying couse lost.

NAME OF

S. SEX

DECEASED

(Type or print)

male

VS A1S (4) 1SM 97SB

22c NAME OF CEMETERY OR CREMATORY

ADDRESS

Evergreen Cemetery

Bethesda, Marylandonte DEC 8

Reg. Dist. No.

Months

IS RESIDENCE

ON A FARM?

YES NO TO

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

Maryland

3 days

1 week

(Caunty)

Roanoke, Virginia

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

10 months

WAS AUTOPSY PERFORMED?

YES ਇ NO [

(Stote)

INTERVAL BETWEEN ONSET AND DEATH

U.S.A.

Hours

Days

Yearn

1960

FUNERAL DIRECTOR: age 3 shauld be detac page 9 VS A15 (4)

15M 9/58

22g. BUR AL, CREMATION, 22b. DATE THEREOF

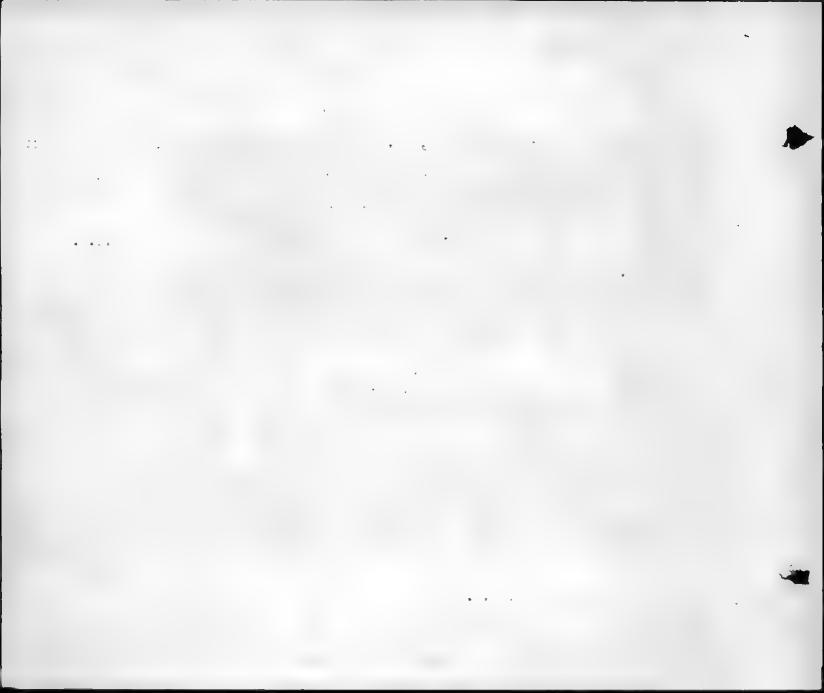
ROBERT A. PUMPHREY

12-7-60

REMOVAL (Specify)

Burial-transit

23 FUNERAL DIRECTOR'S SIGNATURE



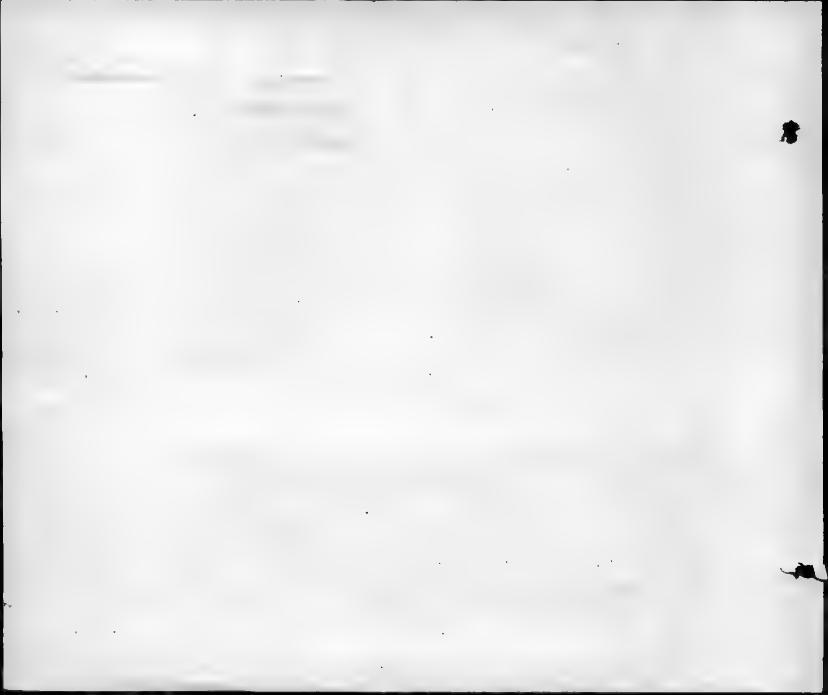
TO HOSPITAL

VR M15 (4) 15M 9/59

Car.

MARYLAND STATE DEPARTMENT OF HEALTH

14078 CERTIFICA	ATE OF DEATH	11181
PLACE OF DEATH O COUNTY ADDNTOMERY MARYLAND	2 USUAL RESIDENCE (Where deceased lived If natritution: Resider o STATE b. COUNTY	nce before admission
b CITY OR TOWN (if outside corporate imits, write RUMAL and give regrets form) A NAME OF HOSPITAL (if not in haspital, give street address)	c. CITY OR INDIAN (If autorde corporate limits, write RURAL and Washington, D.C.	give negrest town
Densington Garden Jontain	-5118 9th Street N.W.	ON A FARM? YES NO 12
3 NAME OF DECEASED (Type or print) First Middle	Lost 4. DATE Manth OF DEATH /2	27 19/cc)
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 1/25/90 9 AGE (n years lift UNDER lost birthday) 70 yrs Months	Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) TRIFERING	ISTRY 11. BIRTHPLACE (State or foreign country) 12 CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME	MOTHER'S MAIDEN NAME.	-
	incent J. Tomasulo 1706 Do Silver	onald Place Spring, Mo
18. CAUSE OF DEATH [Enter any one cause per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEPERS CAL	VASCULAR BECIDENT	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost	ARTERIOS CLEROSIS	3 yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I ar Part II of item 18)	
20c. TIME OF INJURY Manth, Day Year 20d. INJURY OCCURRED for Mile of work of wark of wark	LACE OF INJURY (Home, form, 20f (City or town) (actory, street, affice bldg., etc.)	County) (State
21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 2/2-2/1-19 and that a 22c PHYSICIAN 2	death accurred A A Fom the causes and an the	e date stated above 22b DATE 5 GNEE
NAME GYPHIROLD SUBLITATION, MY	1) 1352 UNIVERSITY LA	ONE TO
236 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C PUTIE 12/3)/60 Ft. Linco	In Gemeter Prince Georges	
SH. Hines Co 2901-14 5t. M	250 REC'D BY REGISTRAR 256 REGISTRAR S SI	
Work	. D. C.	



BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before admission) HEALTH DEPT. I. PLACE OF DEATH our files. COUNTY Montgomery Maryland Montgomery c. CITY OR TOWN (If outs de corporate limits write RURAL and pive nearest toyn) MARYLAND b. CITY OR TOWN (I outside comporete I mils, C. LENGTH OF STAY IN 16 Write RURAL and give papers town) Takoma Park 3 hours,
d. NAME OF HOSPITAL OR INSTITUTION (It not in hosp fel, give street addrass) ensina funeral fained f ON A FARM? ton Sanitarium + Hospital / 3 Washine Ferndale Street YES NO SE 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH walder. ecember 6. COLOR ORRACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours LIF UNDER 1 YEAR lest purhday) Months WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Credit Manager New York pages 14. MOTHER'S MAIDEN NAME Louis Walder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT <u>...</u> Address 3118 Ferndale Stan permit. (Yes, no, or unkown) | (Ifyes give weror dates of service) 080-14-4076 Office along with Ves Mrs. Elizabeth L. Kensington Mide
INTERVAL BETWEEN
ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), PART I DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE IN ACE WITH HEMORRHAGE gave rise to Immediate cause 何 DUE TO (e), stating the undarlying pesn cremation, PART II OTHER S GN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON GIVEN IN PART 1.6'1 19. WAS AUTOPSY please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR. Page 3 should be or its designated agent, prior to burial, cremati PERFORMED? YES 📈 NO [20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY P or CONTRIBUTING CAUSE OF DEATH. car unstood in head on Collesion 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Slate) fectory, street, office bldg., atc.) While Not While 17-723 196 al work at work 📈 Trusty 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry | and in my opinion death resulted from Natural causes Accident X Suicide [Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE -DATE SIGNED DEPUTS DEPUTY MEDICAL EXAMINER EXAMINER'S 24-60 Broschant NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Steta) REMOVAL (Spacify) CNTONBMENT Mydlilharon D.C. 12/28/60 MT. OLIVET CEMETERY 24a. REC'D BY REG STRAR | 24b. REGISTRAR S SIGNATURE VS. A15ME 5M 7/59 DATE DEC 2 9 '60 Collins S. Huma

STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14061 il director, filled with 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution, Residence before admission) o. COUNTY o. STATE COUNTY MARYLAND funeral of b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWNVIII outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) by the fune d 2 should 1 Bricks d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street oddress) B IS RESIDENCE OR INSTITUTION 11216 YES NO P .5 3. NAME OF 4 DATE Middle Month Year Dov Filled DECEASED OF Pages (Type or print) DEATH 19600 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years 5 SEX B. DATE OF BIRTH lost birthdoy) Months Days Hours camplet WIDOWED | DIVORCED | yrs. ij papers. 10a, JSUA, OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14 MOTHER'S MAIDEN 6 physicie 2 11217246 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address attending please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per ling-figr (a), (b), and (c)." I. DEATH WAS CAUSED BY: DUE TO ፉ Conditions, if ony, which permi been signed gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED? YES NO P 2001. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Manth Doy Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While a.m. Not while of work of wark p m 19.60 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram..... M, from the couses and an the date stated above sow the deceased alive on. and that death occurred at DIRECTOR 220 S GNATURE 22b DATE ATTENDING SIGNED MED DIRECTOR e e M D 22c. PHYSICIAN'S 22d, ADDRESS TO FUNERAL DIS NAME (Type) page 3 shithe State BURIAL CREMATION 236 DATE THEREOF 230 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City) lown, or county) (Stote) REMODVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 9 '60 VR A15 (4) DATE 15M 9/59



5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 421 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

. ^	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before editiasion)
	Liontgomery b. CITY OR TOWN (if outs de corporate l'mits, c. LENGTH OF STAY IN 16	STATE
ı	write RURAL and give neerest town)	V
2	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospite), give street educess)	Gaithersburg Box 294 / d. STREET ADDRESS on A FARMY
4	Montg. General Hosp.	I YES □ NO XI
	3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Dey Yeer OF DEATH DOG 31 1960 19
	George Wasnington	DATE OF BIRTH 19, AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
	male col. WIDOWED DIVORCED	2/2/24 lest birthdey) Months Deys Hours Min
		Y 11. BIRTHPLACE (Stele or fore gn country) 12, CITIZEN OF WHAT COUNTRY?
	13. FATHER SNAME	Md. USA
	Henruetta Neal	Paul Turner
-	15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) [[Ityesgivewerordetesoiservice]	NFORMANT Address
	THE CHARGE OF PERSON IS NOT THE COURSE OF TH	Polire Record
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c,.] PART I. DEATH WAS CAUSED BY:	Tiple they abscesses (it) Interval between
	IMMEDIATE CAUSE (a) TURE OF INTUL	signe any assesses () ?
	Conditions, I any, which) (b) And Common	
	geve rise to immediate cause (a), stating the underlying DUE TO	
1	cause lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*): 19. WAS AUTOPSY PERFORMED? YES NO
- 1	PRIMARY () or CONTRIBUTING () CAUSE OF DEATH.	inter neture of Injury in Pert I or Pert II of tem 18)
1	ZOc. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 2De. PLA Hour e.m. While Not While feels at work et work	CE OF IN.URY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.; (
1	p.m. 19 at work et work	
1	21. I certify that I took charge of the remains described above, he	
1	death resulted from: Natural causes , Accident . Suici	
ı	ACTUAL Janua & Browhert	CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 12/31/60
	NAME (Type) Frank J. Broschart 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county) R CREMATORY 22d, 10 CATION (City, town, or country) (Stele)
	Burial 1-3-61 Brownsto	1 0 -11
	23. FUNERAL DIRECTOR	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	Notest d'Answell - Mockette	Md DATE JAN 9 '61
-		2. Thank



TO MOSPITAL

VR A15 (4) 15M 9/59

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S. Minue

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			SIMILINGWE KEREWKALI WIAN	KECOKOS - DACIN
ŀ	07	9	CERTIFICATE	OF DEATH

	PLACE OF DEATH			ENCE (Where decease		on. Residence be	fore admission)
•	Montgomery	MARYLAND	o STATE	1d.	b. COUNTY	Moni	7.
	CITY OR TOWN (If autside carporate limits, write RJRAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR I	OWN (If outside corp	orate limits, write R	URAL and give i	nearest fown)
	Kensington	2 days	1	DCKULL	10,	11	
	d. NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION	il di	d. STREET A	DDRESS		. 1	e. IS RESIDENCE ON A FARM?
	Rensington GARden	5 DAN.	12/2	Highwa	rod Ko		YES NO
3.	NAME OF DECEASED	Middle	, / Las	4. DATE	Mon	th	Doy Yeor
	(Type or print) Sohiu	EdWARD	Webb	OF DEATI	1 /2	2	7 - 1960
5 !	6. COLOR OR RACE 7 MARRIED K	NEVER MARRIED	B. DATE OF BIRT	1	9. AGE (In years last birthday)	Months Day	
	Pale White WIDOWED [DIVORCED 🗍	R	BRIL 3-01	59 415	Months Day	Hours Min
10a	USUAL OCCUPATION (Give kind of work done 10b KIND during most of working life, eyen if retired)	OF BUSINESS OR INDL	STRY 11 BIRTHPL	ACE (State or foreign	country)	12 CITIZEN	OF WHAT COUNTRY
	special police AgeNI-	G001.	AKRO	Ohio		4.	S. H.
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	,		
	WILLAM F. Webb			An	drews		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17	NFORMANT		1213	"Wiches	and Road.
,	Ves. 1919-1923	1	Mrs. My	rtle We	66 R		Md
_	18 CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c)]	1 -	1.1.		- 10	TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY.	1 . B) (20	chimina	23/6 KV6	1,0) 7	
	DUE TO	+ +	12.12	14==			
	Conditions, if ony, which	m/ haer	10) 1000	10021 ING	~		
	gave rise to immediate DUE TO	1.	-4. (K*	+	+	. (
	lying couse lost. (c)	53, JA . K	304-1	+717	L.	1181	mini)
õ	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	FEN IN PART 1 (0	19 WAS AUTOPSY PERFORMED?
3							YES NO Z
CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE I OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURR	ED. (Enter noture o	f injury in Port 1 or Po	ort 11 of item 18)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)			,			
WEDICA	20c. TME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. While It	OCCURRED 20e P	LACE OF INJURY (I potory, street, office	Home form, 20f. (Ci bldg., etc.) !	ty or town)	(Count	ly) (State
WE		t work					
	21. I certify that (I) (this hospital) ottended th	ne deceosed from	from-16	5019 , 10	Dec 2	2, 1960.	that (i) (we) los
	saw the deceased alive on DECL27	1960, and that	death occurred	d at 6 A M. from	the couses on	d on the do	ite stated above
							225 DATE SIGNE
	Jon Is the Men	AM ALLEN M.	M D PHYS	DIRECTOR L	STAFF PHYS	DEC.	27th, 1960
	NAME (Type) SAM ALLEN, M. D. 104	naton EN M	22d ADDRI	1			
	Onn middle, 104	TT WAR	C. KE	NSINGTON, M	ARYLAND		
230	BUR A., CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY	CREMATORY	a	AT ON (C ty, town		(State)
	BURIAL" DEC. 30, 1960	ASHINGTON I	NATIONAL	CEMETERY	SUITLANI		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS NO.9!	N.W.	250 REC'D BY REGI	STRAR 256 REG	STRAR'S SIGNA	TURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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- 31	//	1	3-4	5.
10	LA.	- 91	13	11 13

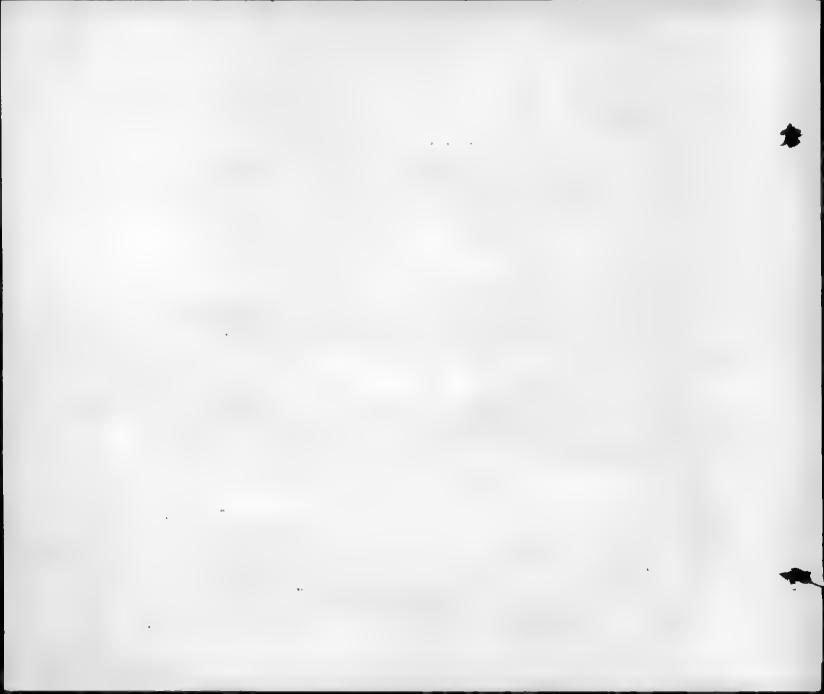
	Team 12 mars miles	6-12-13-60-e		4 00
1. PLACE OF DEATH		2 USUAL RESIDENCE (Who	re deceased lived. If institution: I	tesidence before admission)
o COUNTY & A COLLEGE CONTE	MARYLAND	o. STATE Mary	land b. COUNTY	1 4
b. CITY OR TOWN (If outside corporate limits 74			Iside corporate limits, write RURA	L and give nearest town)
RURAL ond give negrest town) SILVER SPRINGS. MD.		Baltimor	e C) ?X-
d NAME OF HOSPITAL (If not in hospital, give	street address)	d STREET ADDRESS		e IS RESIDENCE
OR INSTITUTION 8103 Easters	Ave. N.W.	6054 Falls	Rd.	ON A FARM? YES TO NO TO
		<u> </u>		, 0
3. NAME OF DECEASED (Type or print) LENA	WEINSTEIN	Losi	DEATH December	
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		JNDER 1 YEAR IF UNDER 24 HRS
Female White wi	DOWED 🚺 DIVORCED 🔲	1887	73 yrs ""	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
Housewife	Home	Rugg		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
/ HARRY RODMAN		GOLDIE		
(Yes, no, or unknown) (If yes, give wor or dates of service	1	IFORMANT	Address	
	Mr	s. Eva ^H art	2214 Ken Oak Rd	•
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]	a_ 21	. 0 *	INTERVAL BETWEEN
PART 1 DEATH WAS CAUSED BY: MARCH MARCH	Centernacean	also De And	Desease	ONSET AND DEATH
DUE TO				
Conditions, if any, which)				
gove rise to immediate DUCTO				
tuing against fact				
, 101	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IALD SEASE CONDITION GIVEN	IN PART 1(0) 19 WAS ALTOPSY
PART II. OTHER SIGNIFICANT CONDITI				PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Pa	ort t or Part II of item 18.)	
		ACE OF INJURY (Home, form,	20f (City or town)	(County) (State
Hour e.m.	While Not white at work of our work	tary street, office bidg, etc.)	A	
		Mar 14 105	0.48/11.	160 1 1111
21 I certify that (I) (this haspital) a	- /-/1	12A	10, 10	192, that (I) (we) las
saw the deceased alive an 1220 SIGNATURE	- 1792 and that o	leath occurred at 1	M, from the causes and a	n the date stated above 226 DATE
Helix Telle	ert	M D PHYS DIR	STAFF ECTOR PHYS.	12/4/60 SIGNED
22c Physician S NAME (Type)		32 CC	William Rol	. mt Rainier
230 BLRIAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON (City, town, or co	ounty) (State)
BURTAL (Specify) 12/5/60		el Anshe Kolk	Baltimore, Md.	(forme)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b, REGISTRA	AR'S SIGNATURE
SOL LEVINSON & BROS INC.	. 6010 Reistersto	wn Rd. DATE DE	7 '60 CT	of S. Kround

TO HOSPITAL. RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha. The death. Page 4 may be retained by the hospital an attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the state Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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VR A15 (4) 1SM 9/59



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CERTIFICATE OF DEATH

Reg. Dist. No. 14187

l b									
	PLACE OF DEATH				2. USUAL RESIDENCE (W	here deceased	I ved. If institution b. COUNTY	on; Residence bei	fore admission)
1	i-ont	Lgomery		MARYLAND	Laryla	ınd		antsom	PPU
. [b. CITY OR TOWN (II	outside corporate limi	ts, write	c LENGTH OF STAY IN 16	_ c. CITY OR TOWN (IF				
	RURAL and give ne	arest town) 290US		7700 00	Domana				
ŀ	I IIII DE LINCOIT	A P. 41P	1 1 14	years	Dame.sc	บุย			I IS RECIDENICE
	OR INSTITUTION	AL (If not in hospital, g	hva sireer (2date23)	d SIREEI ADDRESS				e. IS RESIDENCE ON A FARM?
L	9940	Main St			9940 3	ain S	t.		YES NO D
Ī	3. NAME OF	Fir		Middle	Last	4. DATE	Man	th D	Ogy Yeor
	(Type or print)	Robe	rt	I. Win	ndsor	OF DEATH	Dec	. 29	19 60
Γ	S SEX	6 COLOR OR RACE	7 MARR	IED X NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years		R IF UNDER 24 HRS
	Male	White	WIDOWE	DIVORCED	Jan. 1. 1	203	last birthday)	Months Days	Hours Min
ŀ	100 USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINESS OR INDU				12 CITIZEN C	F WHAT COUNTRY?
	during most of work Pain	ing life, even if retired ter	F	Building	Urbana			បន	A
Ī	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	Harr	y W. Wind	gor		Cather	ine F.	Cain		
ı	IS. WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFORMANT		Addi	ess	
	Yes, no, or unknown) Yes	If yes, give war or dales of s		-24-0666	Mrs Lucino	da Win	dsor	Item	a
₹	18 CAUSE OF DEA		P	e for (o), (b), and (c).]				IN	TERVAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY:	101	NICK OF LU				01	ISET AND DEATH
L	/	IMMEDIATE CAUSE (0) CX	INCHE OF LU	1116-			- '	1 - 15-1-
1	1,63	DUE TO							
1	Conditions, if or		1						
1	gove rise to in	nmediate (
1	Lying couse lost	he <u>under-</u>							
1	Z PART II. OTH			ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	COND TION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
	GENCA.		_	CRIO SCLEROS		WALLE O SELIDE	20112 11011 011	201 101 17401 1(0)	PERFORMED?
1									YES NO
	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Fort or Part	If or item 182)		
	20c TIME OF INJURY Hour o.m.	Manth Day, Ye	or 20d. IN	JURY OCCURRED 20e. PI	ACF OF INJURY (Home for	m, , 20f (City	or town)	(County	r) (State)
1	Hour o.m.	19	While	_ (40) while	ctory, street, office bldg., at	lc.) ,			
	-			cl of work	APPLY TO THE	1			
	21. I certify the	at I attended the	decease	ed from JUNE	19 1 7 to D	EC 29	19.60	that I last so	w the deceased
1	alive on	DEC 28	, 19_6	and that death	n accurred at 8 3 cf	M, from t	he causes an	d on the dat	te stated abave.
							eet, city or town,		DATE SIGNED
	ACTUAL SIGNATURE	me	ad	an wo	M D.	13/N	ST.		
	PHYSICIAN'S NAME (Type)	S.F.MGA			DAN	MASC	05, MD	1	
F	220. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY C			ION (City, town, i	or county)	(Stote)
	Burial		1961	Arlingto:	n National	F	ort Mye	r. Vir	ginia
	23. FUNERAL DIRECTOR	SIGNATURE D		ADDRESS	24a. REC	D BY REGISTI	RAR 24b. REGIS	STRAR'S SIGNAT	UKE
	Ullin I	. Wolver	nin	Damascus	, I.d . DATE	1881 /L 1	61	1 Jun 8 4	rask4

TO MOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauffer death. Page 4 may be retained by the haspital ar attenting physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pages. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SB



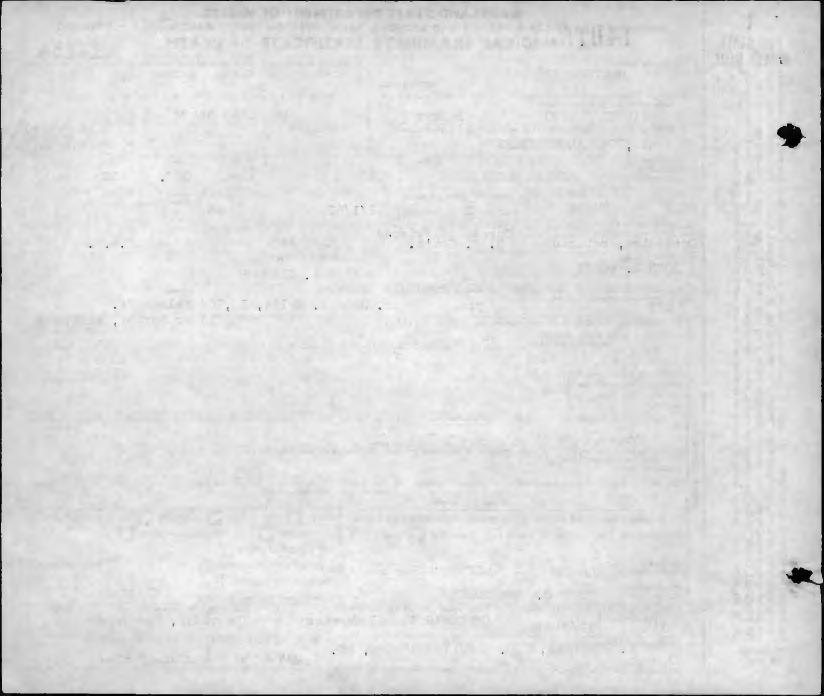
TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any def. As necessary, please execute the certificate, writing the word "pending" in pendi In Item 18. Give Peace 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14100

Per Salaran					4100
1. PLACE OF DEATH a. COUNTY MONT GOMERY MARYLAND	a. STATE	MARYLAND	ed lived, If institu b. COUNTY		
b, CITY OR TOWN (if outside corporete limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOY	VN (If outside corporate	limits, write RUR	AL and give n	eerest lown)
write RURAL and give nearest town) SILVER SPRING 5 days		WOODLAND B	FACI		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDR		BACAL	_	. IS RESIDENCE
10,704 MALONE STREET	U. STALL ADDR	233	03	アメシ	ON A FARMZ
3. NAME OF First Middle	Last	4. DATE	Month	Day	Yeer
DECEASED (Type or print) ARTHUR MELVILLE WOI	FE	OF DEATH	DEC.	28	1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH	19. AC	GE (In years IF Uh	NDER 1 YEAR	IF UNDER 24 HRS.
MALE WHITE WIDOWED X DIVORCED 1	/1/92		yrs. Mon		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Bureau of Prisons	Y 11. BIRTHPLACE (S	slate or foreign country	1	2. CITIZEN OF	WHAT COUNTRY?
Custodian, retired U.S. Gov't.	MARYLA	ND		U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIL	DEN NAME	<u> </u>		
JOHN L. WOLFE	ANNA L. C	ET BBONS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I			Address		
752 1 1 (200)		lfe, 10,70		St.	
1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Si	lver Spr	ing	AVAY LAWEL
DADT I DEATH WAS CALISED BY	M	4	*		ET AND DEATH
IMMEDIATE CAUSE (a) COTONANY	Celiuse			- se	Ade
DUE TO					
Conditions, if any, which (b)					
gave rise to immediate cause					
(a), mening the underlying					
191	T RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN	PART 1/6)1 19	. WAS AUTOPSY
					PERFORMED?
3 Hestory prefertunter				1 Y	ES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO LETTING TO DEATH BUT NO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	uter nature of injury in	rest for Pest II of Hem	18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLA		farm, 1 20f. (Cily or t	own)	(County)	(Stata)
at week at week	ory, street, office bldg.	, alc.)			
	Id an Autonou I	1 to an artist [7]	Laca Sala E	7 12	1.1
21. I certify that I took charge of the remains described above, he			- 4		n my opinion
death resulted from: Natural causes . Accident . Suici	de, Homici	de	ermined manne	91	
(h . A)	CHIEF MEDIC	CAL EXAMINER			
SIGNATURE SAMA & Buschart	M.D. ASSISTANT	MEDICAL EXAMINER		DI	TE SIGNED
	DEPUTY MED	ICAL EXAMINER	19	-28.	1.
EXAMINER'S NAME (Type) FRANK JU BROSCHART	Address (Sin	set, city, town, or coun	(y)	78-	-40
226. BURIAL CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR PRINCIPLE 12/31/60 PARFIELD Chapel	CREMATORY	22d. LOCATION Hughesv	(City, fown, or co		(Stele)
72. FUNERAL DIRECTOR ADDRESS	240.	REC'D BY REGISTRAR	246. REGISTRA	AR'S SIGNATUI	RE
WARDER E. BUMBIRDA, INC. SILVER SPRING	, MD.	AN 4 '61	arthur	0 4	
raimond a Jiska	DATE	HIN T O'	Column 4	d. / Challe	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14189

		14.								wed. min	. 140.	TO SECOND
1.	PLACE OF DEATH a. COUNTY Mont	gomery		MARY	LAND	2. USUAL RESIL	DENCE (Whe	re deceased	l lived. If instituti b. COUNTY	on: Residence	before a	idmission)
	b. CITY OR TOWN (RURAL and give of Bethe	If autside carporate limi: earest tawn)	ts, write	5 Days	IN 1b	c. CITY OR I		itside carpoi	rate limits, write R	URAL and gi	2 X-	town)
	OR INSTITUTION	TAL (If not in hospitol, g Clinical Ce		address)		d. STREET A		3rd	Street		(S RESIDENCE ON A FARM? ES NO X
3.	NAME OF DECEASED (Type or print)	Charles	•	Middle Franklyr	1	Zeek		4. DATE OF DEATH	Decembe		Day 2	Year 19 60
1	sex Yale	White	WIDOWE			B. DATE OF BIRTI	1 192		9. AGE (In years igs birthday) 30 yrs.			UNDER 24 HRS
S	heet Metal	ON (Give kind of work of king life, even if retired) Worker	done 10b.	KIND OF BUSINESS O Metal Work	R INDU	STRY 11. BIRTHPL	Ohio	ır foreign co	ountry)		S.A.	HAT COUNTRY
13.	FATHER'S NAME					14. MOTHER'S						
)_	Charles					Myrtle						
AS.	NO unknown]	ER IN U. S. ARMED FOR (If yes, give war or dates of se	2	33-30-2865	Th	nFORMANT The Clinic	e Medi al Cer	ical F	lecords ^{Add} Bethesda	14, N	laryl	and
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		icardia!	Fai	lure					ONSET	AND DEATH
	Candifions, if a gave rise to i cause (a), staling lying cause last.	mmediate but TO				ficience						
CERTIFICATION		HER SIGNIFICANT CONI	DITIONS_C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PART	P	WAS AUTOPSY PERFORMED? IS NO IX
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature o	finjury in Po	ort I ar Part	If of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yea	While of wari	JURY OCCURRED Not while at work	20e. PL fo	ACE OF INJURY (I ctory, street, affice	Home, form, bldg., etc.)	20f. (City	ar tawn)	{Co	unty)	(Stote
	actual SIGNATURE	mber 2 Lillian C. Av	_, 19	SO, and that		M.D. The	11:45) A Clin: ional	M _{fram} DDRESS (Sm LCAL C Insti		d an the stole)	date sta 2/3/6	ated abave
220 Bu	BURIAL CREMATIC	nsit 12-3	F -60	Zoar Ce					cence C		, Ot	(Stote) 1 10
23.	FUNERAL DIRECTOR ROBERT A	'S SIGNATURE PUMPHRE	CY	ADDRESS Bethesd	а,	Md.	24a. REC'D	BY REGISTI		STRAR'S SIGN		

DATEDEC 6

'60

VS A15 (4) 1SM 9/50

4 4 8 Section D. Cost THE RESERVED and restricted to the state of and the same of th Mark the first thereon Specially by DESCRIPTION OF SECURITION OF S The parties of the pa